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THE ORIGIN, GROWTH, AND SIGNIFICANCE OF THE MENTAL-HYGIENE MOVEMENT*

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OF the many mixed feelings with which I greet you, that which is uppermost at the moment is that at some day in the future, perhaps not far distant, those who follow us will look back upon this occasion and realize that it was an historic moment in the development of the movement for mental health. I myself personally have faith that this is so, and I have no doubt that many of you also have that same faith. Certainly those of you who have come from far distant lands must feel that this cause which we represent is one of no small moment.

It is fitting that this Congress should have been so arranged as to open on this day, the 6th of May, which is the twenty-second anniversary of the formation of the first mental-hygiene society in the world—the Connecticut Society for Mental Hygiene, about the origin of which you have already heard. It is significant that the same group that was responsible for this Connecticut society a few months later—namely, in February of the following year—brought into existence The National Committee for Mental Hygiene, and thus almost at once gave the mental-hygiene movement a national complexion. And now at the end of these twenty-two years mental health has become of international significance, and this Congress is the outstanding indication of the spread of the mental-hygiene movement over the face of the earth.

As you have just heard Mr. Beers say, this afternoon

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the Organizing Committee of the International Congress had its meeting in the Academy of Sciences Building and created an International Committee for Mental Hygiene, thus making this international movement permanent, crystallizing it in the form of an organization, and insuring future international congresses at periods of five years, with intermediate meetings of smaller dimensions at such times and places as circumstances might indicate.

You have already seen and heard Mr. Beers. I am, however, moved to say in addition to what you have already heard, and perhaps to add to what you may already know, that it was the mind of Mr. Beers that originally conceived the mental-hygiene movement and visioned its possibilities. For a hundred years patients had been leaving our public institutions for mental diseases with a sense that if they had recovered, they did not owe it to the way they had been treated. In numerous instances they must have felt outraged at the experiences they looked back upon—at the cruelty, the callousness, the lack of sympathy with which they had been confronted during their confinement. But it was given to only one man who had had such experiences to have these memories of his treatment strike deep to the very core of his being, and there, instead of rankling and making him resentful, take root and grow and produce the fruit that is now the mental-hygiene movement. He had been outraged as these others had been, but by some strange alchemy of his mind, these outrages did not have the same effect. They stirred him to creative activity. They stimulated him to find the reasons for it all, to try to correct what he felt, not as personal animosity and antagonism to him, but as ignorance and stupidity, to try to see that those who followed him should be saved such experiences as he had passed through. This man, the genius of whose mind among a million saw opportunity where no one else had seen it for a century, this man, as you well know, is Mr. Clifford W. Beers; and that you may realize the full measure of his great work, remember that not only has he been willing these twenty years to devote his time, strength, everything that he had to the success of the mental-hygiene movement, but that he has been willing to

strip his soul and tell his experiences to the world in that wonderful book of his, *A Mind That Found Itself*. It is because of his willingness to do this that I am able to speak as I do about him to-night. The movement as it stands to-day owes him a debt that it can never pay. Who can predict the extent to which future generations may in turn be indebted for what he has given the world, the suffering that will be obviated, the understanding and intelligent treatment that will be encouraged?

My friends, there are one million young people walking the streets of the United States to-day who, if the statisticians are able to tell us the facts about the future, are necessarily doomed to spend some of their time before they die in institutions for mental disease. It is only by appreciating such staggering figures that it is possible to understand the necessity for this movement throughout the world.

The way in which the mental-hygiene movement originally came into being seems to me of the utmost significance. It was not the outgrowth of any philosophy started by a group who were bound to prove that the tenets of that philosophy were sound. It was infinitely more simple. Its objective—and its sole objective except for some broader formulations regarding prevention and research that appeared even in its first statements—was in its earliest days the improvement of the care of the so-called “insane”. Mr. Beers was convinced by personal experience that this care was not what it should be, that its defects were due to ignorance largely, to lack of understanding of the mental patient and of proper standards of care in institutions, and he set about in a constructive way to correct the evils as he saw them. As you see, a perfectly simple procedure. Certain things were wrong. What could be done to improve them? Here was a program with which no one could find fault. As soon as presented, it necessarily found agreement on all hands. And so the movement was launched in this way. The attitude of mind that animated those who were originally involved was one with which we are perfectly familiar. It has been the attitude through the ages of the physician. He sees things that produce unhappiness and suffering and he tries to correct them. He does not wait

until all of the scientific and philosophical questions that could be raised surrounding the particular situation are solved, nor does he alter his treatment according to whether he considers his various types of patient more or less worth while. Mental hygiene did not stop to solve the metaphysical, philosophical, and theological problems that have always been associated with the study of the mind. It did not seriously consider such questions as the freedom of the will, or the relation of body and mind, or the moral factors that were involved in mental illness, but accepted man just as it found him, with his hates and loves, his hopes, fears, wishes, aspirations, and ideals, and tried to find a better solution for his difficulties than he had been able to. It is precisely the attitude of the surgeon at the operating table to whom is brought a man with a bullet wound. He does not stop to inquire how the wound was received, whether in the commission of a crime or in the defense of his home, but proceeds at once to see how matters can be made better. He feels it to be his duty to give the best he has of his skill then and there to that particular patient without qualification. That is what the practice of medicine means to him and has meant down the ages. Back of this way of going at things lies the tacit assumption that human life is in itself valuable, that it is worth while to save it, and that the way in which it is lived can often be improved with a little help.

Naturally it was not long until, as the result of the application of such methods to the mentally ill, it became quite obvious that the field of possibilities was considerably larger, and the program that had been found useful for patients in the public institutions for mental disease was subsequently modified and adapted to other types of individual, such as defectives and criminals. The net result I do not need to tell you. Institutions for the mentally ill have been inestimably benefited by the mental-hygiene movement, institutions for defectives probably to a less extent, and prisons perhaps the least of all, but active measures are being taken to bring to these people also some measure of relief.

While matters were progressing along these lines the concept of mental illness was being enlarged to include a great many things besides the types that we were accus-

tomed to see in public institutions. Not only were the minor psychoses and the neuroses included, but all forms of social maladjustment and even of unhappiness were seen to have mechanisms quite the same as the more serious conditions with which we were more familiar. The mental diseases of the public institutions were obviously end products of many years of bad mental hygiene, and so the question at once arose as to the possibility of cutting off the source of mental disease at its origin by getting back to the beginnings and correcting the difficulties at that point. So there developed the application of mental hygiene to the school and to the educational system. In the meantime various forms of maladjustment, in occupation particularly, had received attention, and industry was becoming interested in trying to effect a happier relation between the employee and his job and to prevent the great cost incident to a large turnover in industrial establishments. The army and navy realized the importance of preventive methods and undertook the earlier recognition of mental defect and disorder, with a view to saving both the military establishment and the individual unnecessary expenditures of time and effort. All these things and many more have happened with bewildering rapidity and it has been next to impossible to keep up with the demands that have been made upon mental hygiene from all these various sources. In order to understand their significance more fully, it is necessary to remember that about the same time that the mental-hygiene movement started, a very great change took place in the field of psychiatry. To the end of the nineteenth century mental disease had remained at the descriptive stage of development. It was still collecting and classifying its material. But with the beginning of the present century there came an effort to understand the meaning and significance of this material. Psychiatry attempted to find the causes, the tendencies, that lay back of the mental symptoms and that would, therefore, serve to explain their meanings, and in doing so it developed a technique of procedure that was analytic in type and served, as it were, the purpose of dissecting out the various psychological tendencies from one another so that they could be seen more nearly in pure culture and thus understood. This technique resulted

in the development of an entirely new psychology based largely upon the emotions and upon those tendencies which lie beneath the threshold of consciousness, rather than upon the intelligence and those things of which we are clearly aware, which were more particularly stressed in the last century. Thus has grown up by analogy an anatomy and a physiology of the mind which disclose quite as multitudinous and complicated a set of structures and functions as we are all familiar with in the body. This new outlook, pregnant with such infinite possibilities, proved an enormous stimulus and has had much to do with vitalizing the movement for mental hygiene, which has taken over here and there as it could the various concepts from psychotherapy, psychopathology, and psychiatry that it found useful.

While the spirit that animates the mental-hygiene movement is in essence that of the physician, still the methods of dealing with mental disorder and ways of thinking about it are in many respects quite different from those to which the physician has heretofore been accustomed. The several organs of the body have a different value from what they had in the days when medicine was altogether the medicine of the body. Physical health was then the objective, even sometimes the physical integrity of a particular organ, in the mind of the specialist, whereas to-day we see the individual, not from the point of view of the integrity of his several organs, but as a social unit; the main significance of his several organs has shifted and, instead of presenting ends in themselves, they have importance in the scheme of the individual's life because of their ability to serve him, their capacity or incapacity to be of assistance in helping him bring to pass his ideals.

In all these ways mental hygiene has developed, and finally we see the movement separating out into three methods of procedure: first and earliest, a therapeutics based upon the control of the stimuli to which the organism is subjected by its environment; secondly, a psychotherapeutics that endeavored to change the individual from within; and, thirdly, prophylaxis as applied to this great problem in preventive medicine.

Of these three methods the first two are therapeutic and the third is preventive, and as time goes on the preventive

becomes the most important because, as I have indicated, mental disease, when finally developed, has already had several years of incubation, and it is obviously economically more worth while to try to prevent its origin than to cure it after it has become a serious problem. Particularly does the preventive problem loom as important when we learn, as we have in this country, that mental hospitals, or at least the number of beds in mental hospitals, are increasing more rapidly than the beds in all other types of hospital combined. The significance, therefore, of mental hygiene as a public-health problem is second, at the present time, to none other in medicine.

Finally, however, mental hygiene has developed a positive aspect which bids fair, as I see it, to be its outstanding feature in the course of its future development. The problems of contagious and infectious and epidemic diseases, whereas they have not all been solved, are all in process of solution along with many others, and the net result is that the average length of life has been very greatly increased. Obviously it becomes of increasing significance that these lives that are to continue for so many more years should afford some measure of comfort to their possessors and be of some social value. Mental hygiene is on this account alone more important than ever before and its significance can be seen to be gradually changing from one of the simple prevention of mental disease, which is a negative program, to the positive attitude of endeavoring to find ways and means for people to live their lives at their best. Medicine has long enough maintained as ideals freedom from disease and the putting off of death. It is time that these were replaced by ideals of living, of actual creative accomplishment. The art of living must replace the avoidance of death as a prime objective, and if it ever does succeed in replacing it in any marked degree, it will be found that it has succeeded better in avoiding death than the old methods that had that particular objective as their principal goal. Health is a positive, not a negative concept.

This change in the significance of the desirability of health which the mental-hygiene point of view has brought about is a matter of the utmost importance. It means no less than the pointing of all educational problems toward man's

own welfare and best interests. It means the revaluation of biological laws in terms of their human significance, and the understanding of the significance of emergent evolution in its application to psychological functions. It involves almost a complete about-face from the educational methods of the last century and opens up untold vistas of possibilities for the future. The future of the evolution of man, it would seem, will be almost wholly confined to the evolution of his mind, and so far as we are able to determine from what we know of the mind and from our studies of the brain, the capacity for development of man's mind is to all intents and purposes infinite, and so with the new impetus from these new viewpoints of mental hygiene it is fair to assume that at some future date man may acquire as much knowledge of himself and control over himself as he has knowledge and control of his environment at the present time. A contemplation of such possibilities offers attractive opportunities for speculation which each may indulge according to his bent. But I for one verily believe that this century, which developed the World War catastrophe in its early years and led many to think that civilization itself was threatened, will ultimately prove to be the greatest of all centuries in accomplishment, particularly in the understanding of man by himself and in consequence a greater control of his destiny as it is worked out in the newly developed art of living.

I have indicated in the briefest possible way the simple beginnings of the mental-hygiene movement and something of the course it has pursued in its development. It has finally come to branch out in so many directions that it is exceedingly difficult to gather them into one all-enveloping concept. On the one hand, general medicine is appreciating more and more the psychological factors in disease. Some three years ago here in Washington at the meeting of the American Medical Association, the outstanding and most representative medical society in this country, its largest section on the practice of medicine devoted an entire afternoon to the subject of the emotional factors in disease, and I heard the internist and the cardiologist and other specialists tell of the large proportion of patients that they saw in their offices in whom they could find no disorder of the

body. On the other hand, the social sciences are beginning to appreciate the psychological factors with which they have to deal. Social workers of various sorts are realizing more and more the significance of these factors. The criminologists are appreciating that radical differences are taking place in the concept of the nature and the significance of crime and of the best ways of treating criminals, and that these changes are taking place as a result of that sort of knowledge of the criminal that has been obtained through psychological means. The mental-hygiene factor is evident in all directions, in medical problems and in social problems, not only in those that I have mentioned, but in many others. What are the mental-hygiene factors, for example, that are involved in the multitudinous problems comprised in marital incompatibility, in venereal prophylaxis, in birth control, in prostitution, in sterilization, in alcoholism and drug addiction, in the problems of old age, and in chronic disease such as tuberculosis and cancer, to cite only a few? What is the mental-hygiene basis for such practical matters as the censorship of literature, of art, of the stage, and of the movies? And in myriads of other directions how are we going to get any guidance unless we appreciate the fundamental psychological principles that lie at the basis of all these questions? And, finally, I am reminded that one of the most recent requests that has crossed my desk was a request to recommend a speaker to a distinguished group, meeting in the near future, who could discuss for them the bearings of mental hygiene on international relations. Surely the gamut is sufficiently extensive. And if, as the Greek philosopher said, "man is the measure of all things", it might be added that that part of man which measures is his mind.

If twenty-two years ago some one had said of Mr. Beers's prophecy of an international movement that it was impossible, every one would have believed him, but there is one faculty of the human mind to which the psychologists have paid very little attention and that is the faculty of bringing to pass the impossible. In this particular instance, Mr. Beers's impossible prophecy has come to pass.

In this brief survey I have indicated some of the outstanding points in the development of the mental-hygiene movement—how in the first instance the trials and tribula-

tions of Mr. Beers were converted by the alchemy of his mind into the mental-hygiene idea and how finally this has developed in every direction until it has reached international proportions. I have briefly indicated how the thought of the physician has been gradually changed by the introduction of the concept of mental health, and I would add only a few more words along this line in closing, for I believe that the most significant change that mental hygiene is going to effect in the future will be a change in our concept of values as applied to human beings. I have indicated that the highest ideals that medicine had reached in the last century were the prevention of disease and the avoidance of death. These ideals, when applied in the mental field, were expressed in the well-known dictum, "A sound mind in a sound body." If, however, as I believe, living in order to avoid dying presents very little that is either worth while or stimulating as an ideal, so the concept of the sound mind in the sound body falls equally short of the truth, and in the same—namely, a negative—direction. The thought that I would like you to take away from the few words that I have said is that mental hygiene presents a positive program for life well lived, for mental health because of its values and not because of what it avoids. The value of life is measured by what we become, and so by the nature of the influences we radiate in our living. Life's values, from the standpoint of mental health, are not expressed in terms of the chemistry of nutrition or the integrity of the heart muscle or of any organ, but in terms of character, of man as a social being, of those effects which he produces on those about him, the enthusiasms he stimulates that go reverberating down the ages translated by the personalities that trace back to the original source. This is a tangible form of immortality toward which every one may strive with some show of success, and in the striving get out of life the most there is in it for him. Perhaps I can express this ideal no better than in the words of Plato, who said over two thousand years ago:

"My belief is, not that a good body will of its own excellence make the soul good, but on the contrary that a good soul will by its excellence render the body as perfect as it can be."

THE IMPORTANCE OF MENTAL HYGIENE IN OTHER DEPARTMENTS OF MEDICAL PRACTICE*

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MAY I take the very earliest opportunity to thank those who have arranged this Congress for the honor that they have conferred on the National Council for Mental Hygiene in Great Britain by asking me to give this address this evening.

It is becoming increasingly evident that the mental-hygiene movement is one of the greatest medical movements of modern times. It was envisaged by one who himself suffered from a state of affairs that is common to all countries and that is based not so much upon a lack of knowledge as on a failure to use known facts for the benefit of mankind. The name of Mr. Beers, the founder of the mental-hygiene movement, will stand for all time. He began as a lonely figure without influence or indeed any of those things that are commonly regarded as necessary for the successful launching of a pioneer work, and notwithstanding this, by his personal insight and by his belief in his mission, he so inspired others that to-day we see him surrounded by men and women whose special knowledge has helped him to make his vision into a living force that is slowly, but steadily permeating the whole world. The wise man who is sick looks to see if he can get something out of his suffering, some knowledge that will be of value to himself and to his fellows, and it was this attitude of mind that led Mr. Beers to formulate a scheme which, with the help of others, has grown into one of the greatest movements in the world at the present time. It is impossible for me to mention by name all those American citizens who by learning, time, or money, have assisted in this great work, but this is unnecessary, as they

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are well known to you, but we, from other states, do congratulate America on the work that they have done and continue to do in increasing amount. This wonderful International Congress will mark a new epoch in medicine, an epoch that I verily believe will prove to be second to none in its value for the alleviation of suffering in the human race.

To take my own experience, about forty years ago I started the study of mental disorder, and for fifteen years I worked in mental hospitals, but as the years passed, I became more and more impressed by the unsatisfactory way in which the whole subject of mental disorder was regarded. To see suffering that was real suffering, in many instances far exceeding physical pain in its intensity, and to recognize that much of it might have been prevented, made me decide to give up residence in hospital in order to join those whose work had to do with the earlier stages of mind disturbances, so that I might try to do something to prevent what we all know to be one of the greatest tragedies in life.

This great work that you have initiated is already proving its value and it will increasingly continue to save many persons from the severer forms of mental disturbance. But its values do not end here; it is a movement that extends far beyond the sphere of pathological states, for it finds a place and often an important place in all human matters and activities. During this week many of these are being considered, and to any one who for the first time is looking into the subject of mental hygiene, its magnitude and power for good will appear very impressive.

Perhaps the most amazing thing of all is the limited place that the study of mind occupies in the field of general medicine to-day. I do not know what it is in your country, but I know that in England, proud as we justly are of our great hospitals and medical schools, teaching with regard to minor mental disturbances is almost nonexistent and not 2 per cent of the questions in examination papers are devoted to matters appertaining to mind. We are striving to get this all altered, and the wonderful lead that your country is giving must make its mark on the minds of thoughtful men in our universities as well as those in the United States of America.

The relationship of the mind to the body has been studied

for a great number of years and the various theories concerning it have filled many volumes. That they are closely related, every one would admit, and yet when one comes to read any great work on general medicine, the question of mind reaction to physical disease is rarely mentioned. The custom in the past has been to place mind disturbance in a water-tight compartment by itself—in other words, to divorce it from the field of general medicine. The effect of this has been, on the one hand, to develop a warped idea of mental disorder and, on the other, to fail to appreciate that in many of the so-called bodily diseases, the mental attitude toward the disorder may be 50, 60, or even 70 per cent of the illness for which the patient seeks relief. And the importance of it may not end here, for the bodily disorder itself may have been determined by a minor mental disturbance. Let me give a simple enough example of what I mean—that of indigestion. How often is this treated as if it were a purely physical disturbance, and yet how frequently is it the sequel to some emotional state either acute or prolonged. When consulted by a patient for gastric disturbance, what percentage of medical men will inquire into the mental state of the patient and the various stresses that may be rendering his adaptation to life difficult? And yet to fail to do this may make the diagnosis faulty and the prospect of relieving the condition uncertain.

Disturbed emotion is one of the commonest causes of ill health in all periods of life. In childhood it may give rise to acidosis, with all its devastating effects; therapeutic treatment may have been helpful, but complete recovery may be delayed until the underlying cause of emotional unrest is removed. So, again, with conditions such as general debility; how often does one come across a patient who has been treated with tonics and the like with no beneficial results, because the underlying mental cause of the ill health had neither been looked for nor discovered, and yet when such had been disclosed and dealt with, the general health quickly was restored. Children who for one reason or another are misfits in a standard school life may show their maladaptation by physical or mental symptoms. The child may lose weight, sleep badly, or suffer from sickness

or other bodily symptoms, all of which may be remedied by finding out and removing some disturbing influence in its life. What is true of early life is equally true of later life. Much of the so-called "shell shock" during the war showed itself in physical disabilities, and merely to treat the latter led to little or no improvement. It was not until the mental cause of maladjustment was laid bare that recovery with adaptation to life again became possible. Over 90 per cent of the cases of so-called "shell shock" were brought about by disturbed emotion, and it was the study of many patients suffering from this condition that threw so much light on the psychical factor in disease.

With, perhaps, the exception of extreme terror, one saw nothing in the war cases that had not been observed in civil life, but the number affected brought into relief the grouping of symptoms, which in turn made manifest the cause and indicated the sequence of events from which could be discovered the way to effect recovery. Emotional shock is still and always will be one of the dominating factors in producing ill health. It is true that it is not every person who would be so affected. Hypersensitivity and a keen imagination are the very attributes that lead to success in life, but let them run riot and they quickly bring about the emotional unrest to which I have been referring. Yet if we were able to choose our own nervous systems and if we knew their respective values, I venture to think that we should all select the sensitive, keenly perceptive, and imaginative type, but at the same time we should be wise in asking for direction how to manage it.

To give this direction is one of the duties of the national councils for mental hygiene. For example, we must impress upon surgeons what most already know, but some do not sufficiently remember—that to take some children into an operating theater for an operation, where they may see doctors and nurses dressed in white overalls and perhaps surgical instruments and all the paraphernalia of the theater, may give rise to an emotional shock that may leave its effects for ever afterwards. In other words, the shock that the child received may have brought about a conditioned reflex, so brilliantly described by that great physiologist,

Pavlov, and, once created, it may tend to be reproduced in the future. It is no excuse to say that the average child is unaffected by the conditions described. It is the physician's and surgeon's duty to know the type of child who would so suffer and to act in such a way that it will not be exposed to the risk.

Again, in adult life, the number of persons who break down either immediately after an operation, or perhaps more commonly some weeks after they have left the hospital or nursing home, is larger than some may suppose, and many of these breakdowns can be traced back to the emotional shock that the individual received when he was told that an operation was necessary. Therefore, the surgeon must not fail to observe or to inquire into the mental make-up of his patient, as the mental attitude may ultimately decide the success or failure of the operation. It is not a success to rectify some local condition and yet in so doing to leave the patient crippled in his mental activity. Whether one is a physician or a surgeon, he must treat the patient as a composite whole and not from a specialized standpoint.

You must not think that the problem that medical men are faced with is an easy one, and that when anything goes wrong, it is necessarily due to carelessness or lack of knowledge on their part, as often the difficulties are great and the dangers to be met have been fully recognized and every precaution taken. To-night I am showing you some of the difficulties and telling where a greater knowledge may help, though it may not perhaps entirely remove them. For there is always the patient himself. He is not always well-informed regarding his own mind reactions, and even when these are explained to him, he may be inaccessible to the point of view of another. We cannot know too much about ourselves. Every person has his own way of reacting to emotional stress and, if he is cognizant of this, he is so much the less likely to be affected by such stress.

To take another common condition, and this time one that falls within the province of the physicians, disorders of the heart may be purely functional—that is to say, without any known organic cause—or they may be organic in nature, when the valves or the muscles of the heart itself are

diseased; and there is yet another group where there is some organic change, but added to it there is a greater or lesser degree of functional disorder. It is not my intention to discuss these in detail, as for the purpose of this address such a proceeding is unnecessary. Nevertheless, these conditions do call for very careful handling, as the functional element may give rise to definite nervous disturbances which in turn may lead to false reasoning or lessened mental activity, and in consequence failure in adaptation to life may result. This trouble may arise in several ways. A subjective sensation in the heart area, either by the increased frequency or violence of the heart-beats or some irregularity which the individual himself can sense, may fill him with apprehension and, unless he is quickly reassured, the symptoms may become intensified by the anxiety state that they have brought about. Or there are patients who, when consulting their medical adviser, do not clearly understand what he tells them; or, again, the medical man himself may not have appreciated the emotional instability of his patient and so may not have allowed him time enough to state his fears. Often the most helpful way of dealing with the patient is to tell him what his fears probably are and why he need not be apprehensive. Merely to tell a patient not to be worried and that there is nothing to trouble about is not sufficient with some persons, for, unless the question is discussed, they often fear that the doctor does not understand or indeed does not know. Further, we medical men have always to bear in mind that the expressions used in telling a patient about his trouble may lead to anxiety and that such expressions as "a weak heart action" may be misunderstood. Also, when we are making a reassuring statement to a patient, we must not look anxious or sad, as he will always take this to mean that something is being withheld. The more a physician knows of mind reactions, the more he can bring comfort to the patient. Children and many adults do not talk about the matters that trouble them most; therefore, it is the duty of those who seek to help a patient, whether lay or medical, to open the subject with him, knowing, as they ought to know, what the anxiety is likely to be. Whilst it is true that there are

persons who talk far too much about themselves and their ailments, there are many who would get on much better if by the help of others they were able to discuss their fears.

It would be out of place for me to discuss to-night the various methods of psychological treatment and their respective values, but I do wish to impress upon you that a fear is not removed by telling the apprehensive person that there is nothing to be afraid of. Bear in mind that that which is not based on reason is not removed by reason. Right reasoning may ultimately help the patient to free himself from that which he dreads, but this is a longer process than merely telling him that it is foolish to have the fear and that he should pull himself together and get rid of it. People often talk about "will power" as if it could be turned on when required, and take the line that, if a patient does not use it, he is wilfully neglecting to take the easiest way of getting well. Given certain conditions, no amount of will power will defeat imagination. The patient himself may be fully aware of the folly of his fear and yet be unable to free himself from it. Such a person calls for the greatest sympathy and understanding. Great harm can be done by stimulating patients to ignore their troubles. Forty years of professional life have taught me that it is far wiser to face and to understand our difficulties than to attempt to escape from them by trying to disregard them. No man has ever become a hypochondriac by understanding himself. The mind and body are complicated mechanisms and we are fools indeed if we attempt to treat them with less understanding than we bestow upon our motor cars.

The whole trend of modern medicine is toward the prevention of disease, and for this we must understand the beginnings of disease. This means that the laity have to be let into some of the secrets of medicine. My vision of the physician of the future is a man whose duty it will be to keep his patients as far as possible free from disease. Once a person has suffered from a disease, he may remain forever scarred by it to a greater or lesser degree. Therefore, it is of infinite importance to be able to observe the beginnings and early phases, and what is true of physical disorder is equally true of mental disorder. It is here

that the mental-hygiene movement plays so important a part.

Now let me pass on to consider another group of cases, those belonging to what is commonly referred to as the toxæmic group. In order that the lay members of the audience may be able to follow me, let me tell them that by a toxæmia we mean some poison circulating in the blood. I have already told you that each person has his own way of reacting to stress, whether external or internal in origin. Therefore, it is not every one who will be disturbed mentally when the circulation becomes vitiated by some protein poison. Persons of a highly strung sensitive or emotional type are the most likely to suffer in this way. We all tend to break down along the line of least resistance; therefore, the more sensitive the nervous system, the more likely it is to become affected. Or let me put it in another way: the more sensitive the nervous system, the more easily is it affected by a small dose of poison. This does not necessarily mean that anything serious may happen, but it does mean that, whereas one person's stability is such that he can withstand a large dose of toxin poisoning without exhibiting any mental change, another will show marked symptoms. One person may have high fever and little or no delirium; another may quickly become mildly or noticeably confused. In other words, it is dependent upon the way in which a person reacts to the poison. Persons who so suffer are by no means mentally weak; indeed often quite the reverse is the case, for they may be highly intelligent and endowed with no small ability. It is here that inheritance may play a part. Every person has his side of weaker resistance and this not uncommonly results from his inherited tendencies. Again, to be sensitive in one direction often means great sensitivity in many others, and yet there is nothing here about which any one need be anxious. Nevertheless, it does call for a proper understanding of what these sensitive tendencies are and how they may be protected. There are two sides to this problem. On the one hand, medical men must know and always bear in mind that, given certain types of person, a mind disturbance may be a symptom of physical disease, and this

is noticeably true of protein poisons or toxæmias. A man may suddenly become confused in mind as a result of pus in any area of the body, the antrum, a cavity in the upper jaw, being one of the most common places. Knowledge of this effect has become increasingly widespread during the last quarter of a century, and yet there is room for a much wider knowledge, for the medical profession as a whole is not yet aware that a mental change may be the only symptom of pus that is localized; in other words, there may be none of those physical signs of pus which are usually found in persons whose reaction to the poison is purely on the physical side. I know that I am speaking to a mixed audience to-night, and some may feel that I should not disclose our weaknesses to lay ears. But the great profession to which I have the honor to belong has never claimed to be infallible. We speak openly of our difficulties. Our work lies in personal matters, and in consequence it demands that we shall be very human, always striving to give of our best, but never hiding our weakness.

For many years there has been much controversy regarding oral sepsis or pyorrhea, as it is commonly called. Speaking for myself, although, I hope, always open to new ideas and trying to keep abreast of modern thought, I have never been one to turn quickly to new theories until they have been examined and tested, but I can in this matter wholeheartedly say that in most persons a toxic state of the teeth may lead to serious ill health, either on the physical or the mental side. The condition may show itself by a slow crippling of mind activity; hence it behooves us to investigate this possibility when certain types of patient consult us.

I know that many authorities feel that too much stress is laid upon toxæmia as the cause of mental disorder. Whilst it may be true that mind disturbances are too frequently attributed to it, it is equally true that it is no answer to the toxic theory to say that many persons may be infected with this or that poison and yet evince no evidence of mental change. Every one has his idiosyncrasy, and that which is harmless to one may be highly damaging to another. During recent years there has been overwhelm-

ing evidence as to the toxic effect upon the nervous system of the organism that gives rise to the disease known as encephalitis lethargica or sleeping sickness. Children and adults who have suffered from this disease may develop muscular rigidity and tremors or they may exhibit definite mental changes which are both crippling and permanent. Indeed, this disease proves how minute a poison may produce devastating effects upon one who has suffered from it.

To turn to the more gross forms of infection, there are others such as special idiosyncrasies to certain food stuffs. I have seen both epileptic fits and mental confusion follow the ingestion of milk, eggs, mushrooms, and so forth, in persons who proved to be intolerant of these. Here we may find a very large field for research in the investigation of toxic influences in the production of mental disturbances, and they emphasize how necessary it is for the physician to be ever alert when treating his patients lest he overlook what is really the exciting cause of the disorder, the continued presence of which will not only retard recovery, but even prevent it. Furthermore, when we come to treatment, this may prove ineffective, as, for example, to employ purely psychotherapeutic measures in mental disturbances that have been brought about by toxic causes is to waste time and to endanger the life or the mental health of the patient. Indeed it is these toxic cases, and there are many, that emphasize the importance of being thoroughly versed in every branch of general medicine and of looking for any physical condition that may be disturbing the emotions or giving rise to any other mental change. There is at times the difficulty, which is, alas, too common, that a medical man is not consulted until a disorder has become established or far advanced. It may then be difficult to decide what was the initial cause of the mischief.

Some physicians attach great importance to variations in the functioning of the endocrine glands, or what are commonly spoken of as the internal secretions, such as those from the thyroid, pituitary, or other glands. Perhaps some schools of thought attach too much importance to these changes and at all times we must remember that overfunctioning of a gland may be a defensive mechanism

against something else that we must be careful not to overlook. To discover the initial cause one should follow the only safe rule in diagnosis and make a careful inquiry into the medical history of the patient, in addition to the examination of this condition. It is here that lay persons may learn to help by observing, and they must not too quickly make light of symptoms. Bear in mind that a cause of some of the serious disturbances is that one function has been permitted to disturb another and yet another, until what was originally a simple problem finally passes into something that will last longer and be more difficult to remedy. I look to the national councils for mental hygiene in their respective countries to take a part that will be no mean part in this localizing of disease.

There is one more matter that I must refer to, as I give it priority of place amongst all other symptoms, and that is sleeplessness. I am aware that there are some authorities who are not satisfied that it is as important as I consider it, and there are others who almost disregard it, if one can judge by the indifference with which it is treated. At times it is argued that it is the psychical effect of not sleeping that is important and that, if people did not worry about it, no ill effect would result. Up to a point, this no doubt contains some degree of truth, for the psychical effect of not sleeping does play a part with some persons, but it is usually by reinforcing something else. Animals deteriorate and die when deprived of sleep, and there is no rationalizing here; this is not a psychical effect. We are told that it is dangerous to argue from animals to man, but is it so in this matter? Deprivation of sleep causes puppies to die quickly, and the younger the animal, the more rapid its death; it is equally true that young children who do not sleep deteriorate more rapidly than adults. Physiologists tell us that sleep is the only process that restores fatigued cells, whether in the brain or in any other organ of the body. Any one who has been normally a good sleeper and who for some reason suddenly loses his sleep may quickly pass into an anxiety or confused mental state, and yet this can easily be prevented if treatment is begun early, and what is true of adults is even more true of children. The

distinguished physiologist Pavlov has suggested why sleep fails and how sleeplessness can be corrected. I have already warned you against the folly, as experience has shown it to me to be, of explaining symptoms away or saying that they will correct themselves, and this attitude is far too frequently taken in the matter of sleeplessness. If sleeplessness occurs after an illness, an operation, or any period of stress, consult your medical adviser. He will quickly put it right and save you from further disabilities. And here let me give the layman a warning. A national council for mental hygiene is a council whose aim is largely directed toward the prevention of disorders, and in consequence the layman has an important place in its work. But the layman is more than unwise if he attempts to treat himself for sleeplessness if it is real sleeplessness. Your country is protected against at least one dangerous form of treatment and that is taking a nightcap of alcohol, which usually grows bigger and not less as the weeks pass. To me it is one of the most pernicious "remedies" for insomnia, and it usually increases rather than lessens the sleeplessness, as in the course of time it brings in other symptoms produced by the alcohol itself. On the other hand, a patient may in desperation turn to alcohol for relief because his medical adviser has not attached enough importance to the effect that sleeplessness is having upon him. Apart from the effect that insomnia may have upon the appetite, the body weight, muscular coördination, and other physical conditions, it is disturbing to the mind, as it so frequently brings in a sense of apprehension—first a dread at not being able to get off to sleep and later an anxiety as to the effect that lessened sleep is having upon the mind and its activities. There is probably no physical condition that so quickly brings about an emotional disturbance as loss of sleep, but, as with everything else, the devastating effect is much greater with one person than with another.

I have now briefly referred to certain common bodily conditions that may give rise to minor mental disturbances which are both crippling and painful and many of which may be prevented. It is not within the limits of this address to refer to the various methods of treating mind disturb-

ances, nor is it possible for me to refer to the various schools of thought that hold a position to-day on account of their claims to explain either why mind disorder arises or how such disorder may be successfully treated or eradicated. But to those who have not studied these or whose knowledge is superficial, let me say that there will be found in most some underlying truth, but it is not always easy to distinguish the true from the false. To do this one must be more than a critic; practical knowledge becomes a necessity. Bacon wrote the following words, which cannot be too often repeated and must ever be borne in mind by the real seeker after truth: "The first distemper of learning is when men study words and not matter." Remember also what Voltaire wrote: "It is the part of a man to have preferences, but no exclusions." The moment a man becomes the disciple or propagandist of a specialized school, that moment he abdicates his position in the truly scientific sense. Indeed every man, as far as study and opportunity permits, should endeavor to acquire the faculty of seeing things at first hand and for himself. Let him also endeavor to find his way to their central meaning and then to bring to bear upon what is new the gathered and reasoned knowledge that he has gained in years of experience, and, when called upon, let him be able to express in words intelligible to himself and in turn to others the sum total of what this study has revealed to him. One of England's greatest prime ministers once wrote: "To be open-minded; to struggle against preconceptions, and hold them in due subjection; to keep the avenues of the intelligence free and unblocked; to take pains that the scales of the judgment shall always be even and fair; to welcome new truths when they have proved their title, despite the havoc they may make of old and common-placed beliefs, these may sound like commonplace qualities well within every man's reach, but experience shows that in practice they are the rarest of all."

The national councils for mental hygiene are not the exponents of any one school of thought; their work lies in no parochial activity; therefore, their vision must be very wide. Amongst their many duties they must endeavor

to bring a fresh inspiration into the old and tested methods of medicine. The work is not easy and the critics are many. Mind disturbance has long been regarded as almost synonymous with insanity. Most of our physicians and surgeons have not been taught to think of mind reaction as we have learned to do and, although they are rightly jealous of all the truths that experience has taught them, they may, to our thinking, reach far higher levels by embracing the verities that observation and experience have impressed upon us.

My time is almost up and I must not fatigue you, but I trust that I may have given you some thoughts to reflect upon. In an address such as this, all I can hope to do is to stir your imagination and perhaps to inspire those who may still be wavering and questioning whether all this talk will lead to any advance in medicine or prove to be of any value to mankind. I say to these, "Probe more deeply into the matter."

As I look back over a long professional life, I would that I had always known what I know to-day about mental hygiene. I have listened to endless academic discussions, and that such are of infinite value no thinking man will deny, but to me as a physician there is something that claims a yet higher place than these and that is the alleviation of human suffering. Over the centuries physical disease has received much study and research and behind these have stood the figures of great benefactors, but the study of mind and its disorders is yet in its infancy. The few that stand on the threshold of this comparatively new field of medicine already recognize the magnitude of its possibilities, and there are none with a greater vision than those in your far-seeing country. Turn which way you will, you cannot but be impressed by the dominating position that mental matters take in every activity of life. Even physical energy can be squandered and rendered futile unless it is directed by a proper understanding of how to use it.

Some weeks back there was an article in the London *Times* on "The Gradualness of Inevitability", and I am in cordial agreement with the writer of it, for it is an attitude to life that has long appealed to me. As the author

so truly expressed it, "The emergent character of a good man is inevitable. In retrospective analysis it is truly seen as the slow accretion of singly inconspicuous units of right thinking and right doing, each of which in its little moment might have been something different." Now this is the very essence of mental hygiene, whether it is directed to the formation of character, or the prevention of mental disturbance, or to the localizing of the effects of certain physical diseases, or to rendering a man more capable of defeating the ravages of disease itself. If all this is true—and I know that it is true—a great responsibility rests upon us to be ceaseless in our endeavor to advance the subject that has brought us together this week. Mental hygiene has a place, and no insignificant place, in health and disease; it touches upon all the activities of life, and in consequence it must play a great part in bringing about human happiness. You will return to your homes, to your cities, to your countries beyond the sea with the renewed inspiration with which this great International Congress must have filled you and you will have gained a greater knowledge of how mental hygiene can benefit mankind.

FAMILY LIFE AND THE FULFILLMENT OF PERSONALITY*

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WHEN daughter Alice refuses to drink her milk, or when son Bob works feverishly at rebuilding an ancient automobile instead of studying ancient Latin, or when daughter Maeve announces that she will probably be in by 1:00 A.M. on a schoolday morning, what should father Bill and mother Mary do about it? Such questions are perplexing most American parents. The two most common answers are disastrously wrong.

Autocratic Parenthood.—Parents in Puritan New England applied a very emphatic policy to issues like these. Children were to obey their parents in the Lord. The divinely sanctioned behavior pattern was to be communicated through the father, and woe be to the child who defied the law thus laid down! In recent decades religious support for parental absolutism has ebbed. The scientific movement symbolized by Darwin has weakened the power of Biblical dogma and of authoritative sanctions. Yet the Puritan parental pattern still lingers. Many fathers and mothers cling to the belief that they are in duty bound to impose, by violence if necessary, their own conceptions of good behavior upon their children. Others merely rationalize their own impatience and ill temper under the guise of parental discipline. Still others do not bother with excuses, but allow free course to the irritation and anger roused by the inconvenient behavior of their offspring.

Anarchistic Parenthood.—Against this coercive discipline a rising protest has been gathering. Our American mores are built upon Puritanism, but our revolutionary Declaration of Independence declared its allegiance to the cult of freedom.

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Arising in France, the slogan of liberty had spread throughout our civilization in rebellion against all dogma, whether Catholic, Puritan, philosophical, political, or economic. The true spirit of the Victorian epoch was not embodied in the rigid moral codes inherited from the Puritans. Rather it was the spirit of *laissez faire*, of individualism, and of scepticism. In intellectual fields this movement of rebellion has definitely passed its zenith. It is being replaced rapidly by the constructive and open-minded spirit of science. But in family relations the demand for liberty is still rising toward high tide. Parents debate the question whether children should ever be punished or ever be required to do anything against their free choice. Children do not debate the problem—they take their independence for granted. Schools spring up consecrated to the new dogma of freedom: there are to be no set curricula, no requirements, no direction—only the provision of materials from which the children are to choose freely the activities that appeal to their interests.

Yet—spite of the widespread vogue of liberty—increasing numbers of thoughtful observers are pointing out that mere elimination of restraints is failing to produce fulfillment of personality. The child turned wholly loose by his parents grows up so often into an intolerable pest, disliked and avoided by others and miserable himself, that many modern parents are searching and experimenting toward sounder solutions. The child left wholly unguided in school usually demonstrates the fact that he is not competent to direct his own education. We must seek beyond mere release if we would find the conditions under which family life will achieve fulfillment of personality for its members.

Richness of Experience Should Be the Foundation of Morality.—What is the goal? What are we after? What is the meaning of “fulfillment of personality”? Let us disavow, frankly and emphatically, some of the old conceptions. Morality for its own sake has no claim upon us. We are through with the worship of any arbitrary ideal. Orderliness, obedience, conformity, chastity, monogamy—such ideals are to be tested by the degree to which they promote deeper and more vital values, serve to bring personalities into blossom, call out to the full the possibilities of the self, and make for rich,

intense, growing, creative experience. Morality must be a means, not an end.

✓ This ideal requires first of all that the parent, the teacher, and the social worker shall gain insight into the possibilities of each child. Is Bob, who tinkers defiantly with the automobile, really a potential engineer, inventor, or mechanic? Is Gladys, who so hates algebra, cut out really to be a cook? Is Edwin, who sulks so persistently over his theme writing, capable of exquisite experiences if he were encouraged to understand music better? Are the bitter wranglings between Fred and Mabel symptoms of a strong interest in each other which might, under wise encouragement, turn into a memorable friendship?

But insight is only half achieved if one fails to learn how to use it. Fulfillment of personality requires that the deepest and fullest possibilities of the child shall be (1) stimulated, (2) released, (3) facilitated, and (4) integrated.

✓ 1. *Rousing Dormant Possibilities.*—Children are usually unaware of their own best possibilities. How is the child to discover that he would like being an architect, or that producing puppet shows is fascinating, or that mathematics is one of the great keys to intellectual power, or that becoming a parent can be a source of life's richest experience? Mere freedom leaves such discoveries to accident. As a result the potential architect is apt to sell bonds or deliver groceries; the potential puppet showman spends his time shooting craps; the potential engineer fails in his examinations because he was too absorbed in figuring batting averages; and the potential parent may be sidetracked by some emotional accident into homosexuality, or may get tangled up in the process of parenthood and never discover its rich possibilities. Wise stimulation, helping the individual to discover new interests, letting him experience the dynamic effects of suffering natural consequences, bringing to his aid the insight gained from scientific tests of his capacities—such services are prime obligations of parents and teachers.

2. *Releasing Obstructed Purposes.*—The healthy aspirations and strivings of the child are frequently thwarted. Often the blockage is due to the stubborn insistence of the parent on purposes inconsistent with those of the child—upon perfect quiet and orderliness at home, upon gratifying

vicariously through the child some parental emotional need, or the like. Rigid curricula and obsolete college-entrance requirements provide other obstacles. Absolute freedom does not in itself provide an adequate program for fulfillment of personality, but no adequate program can be built except on foundations of freedom.

✓ 3. *Facilitation*.—Not mere removal of obstacles will suffice; there must be positive provision of the tools, the equipment, and the opportunities needed for fulfillment of personality.

✓ 4. *Integration*.—All of these three achievements will be bootless if the individual is left with stimulated and facilitated purposes which are in conflict within himself or in conflict with society. Crude as the Puritan ideal of parenthood now seems to us, it had the great merit of seeking for the adjustment of purpose with personal and social standards. But true integration can be reached only through facilitation, not through coercion. Instead of pressures to force good behavior, the child needs more often to be aided in winning its own understanding of the problems it confronts. The parent or teacher ceases to be a policeman and becomes confidant and ally. The child chooses wisely, not because it fears punishment, but because it has discovered inherent reasons for courtesy, system, and self-discipline and because of loyalty to a sympathetic and understanding counselor.

SHOULD WE FACILITATE SEXUAL FUNCTIONING?

Such ideals as stimulation, release, facilitation, and integration of purpose fit readily with the best current conceptions of child rearing. But do we dare to apply them in the field of sex behavior? Suppose that Jane insists upon extensive and intensive petting parties. Suppose that Fred proclaims his intentions of discovering all about sex by the experimental method. Suppose that a husband insists upon "emotional vacations" from his wife, or a wife from her husband. Do we dare to apply to such problems the ideal of stimulation, release, and facilitation of functioning?

Yes, we do—provided that sexual functioning is woven creatively into the fulfillment of the whole personality; we do, provided that integration, both personal and social, is achieved. The question before us, as psychiatrists, as social workers, and as students of mental hygiene, should not be

stated, "How can we prevent people from having sex experiences not consistent with traditional morals?" but, "How can we aid people who seek fulfillment of personality to establish in their own lives those patterns of sexual behavior which will bring to them and to their associates the fullest and richest experience?"

Puritanical Monogamy and Soviet Libertinism.—The answer to this second question is one of the most urgent needs of our civilization to-day. There is plenty of discussion of the problem, but in the clamor two sets of advocates who speak the loudest are both disqualified because their thinking on the subject is patently wishful instead of scientific. The first group is made up of the people who are dogmatically committed to the establishment of puritanical monogamy. Their pronouncements are disregarded by many sincere seekers because no one-sided and bigoted solution can command their allegiance. Equally biased are the recommendations of another group of agitators who, rebelling themselves against sexual restraints, are offering rationalizations of their own cravings, without daring or being able to examine dispassionately the results of the behavior patterns that they advocate.

Monogamy probably became more pervasive in nineteenth-century America than it had ever been before in the history of human marriage. Not among primitive peoples, not in ancient patriarchal civilizations, not in medieval chivalry, and not in modern Europe has the insistence upon exclusive sexual relations with one partner for life been more widely avowed; not in any of these periods have the violations of the monogamistic code been fewer. Puritanism has sought to enforce monogamy by coercion. Threats of hell fire, stringent legislation, physical punishment of sex deviations in children, ostracism of women sex offenders, and other forms of physical and psychological violence have been used in the attempt to compel morality.

During the past few decades, however, the cult of freedom has made immense inroads in sex relations. Proof of this fact is hard to secure, but evidence from a wide variety of sources points overwhelmingly toward the reality of the turn in the tide from monogamy toward more promiscuous rela-

tionships. Soviet Russia has set up freedom in love as an avowed ideal; the rest of Euro-American civilization is dotted with social circles in which experiments with Soviet sex mores are being tried.

How has this surge toward sex freedom affected the fulfillment of personality? Broadway successes, best-selling novels, and the tabloid newspapers have been busily reporting the outcome of experimental departures from monogamy. The testimony of writers who have themselves been leaders in the movement for sexual liberty seems emphatic: the rebellion is failing in proportion as it succeeds. Mere freedom is bitterly disappointing as a road to richness of life. Disillusionment, not fulfillment of personality, is the typical outcome of the mere casting off of repressions and taboos.

THE CAUSES FOR FAILURES IN SEX EXPERIMENTS

Why these failures? Can we identify the causes so that we may know how to aid our children, our clients—and ourselves—in the search for richness of experience in relation to sexual life? Study of concrete instances suggests that four groups of causes are responsible for the wreckage produced by the modern sex revolt: (1) physical disaster, (2) conflicts between mores, (3) conflicts between cravings for adventurous variety and for permanence, security, and growth, and (4) the destructive effects of unintegrated impulse.

1. *The Incompleteness of Our Control Over Venereal Disease and Pregnancy.*—Advocates of freer sexual relations act on the assumption that physical dangers from promiscuity have been conquered by science. It is true that science has developed methods which, if applied systematically, coolly, intelligently, and without any lapses or accidents, prevent syphilis, gonorrhea, and illegitimacy. But sexual adventures are not carried out coolly, intelligently, and with complete self-control. The number of unintended babies in the families of professional men and women, the number of abortions and illegitimate births among college and business women, and the number of intelligent and otherwise normal individuals who seek treatment for venereal disease, indicate the incompleteness of our mastery of the merely physical aspects of sex relations.

2. Mental Conflict from Clashes Between Puritanical and Libertine Sex Codes.—A young woman has been brought up from childhood in a strongly religious atmosphere. The people whom she loves regard with abhorrence the slightest lapse from sex conventionality. She has come to think of "fallen women" with aversion and fear. If this girl is seduced, she is certain to suffer excruciating feelings of guilt and abasement because of the inconsistency between her sexual lapse and the fundamental fabric of her personality.

Not only those who cling to religious traditions suffer thus. Perhaps the most telling testimony as to the torturing mental conflict resulting from attempts to attain freedom is that given by one of the most outstanding advocates of greater sexual liberty. Dora (Mrs. Bertrand) Russell testifies:

"Even those who repudiate the Christian synthesis and imagine themselves free of all prejudice are a mass of tormenting inhibitions, doubts, and inconsistencies when they approach sex. Their imaginations remain filled with false notions of restraint and refinement; they break free and alternate between coarseness and self-pitying disgust."

The emotional complex resulting from such ruptures of living ideals are apt to have extremely serious consequences in the social and psychological life of the one who suffers from them. She may retire into herself and become shy and recessive. She may adopt a cynical attitude toward men and fail to achieve normal marriage. She may compensate by pathological penances. She may rationalize by adopting an irrational philosophy. She may rush headlong into excesses in a blind attempt to justify her first break. Disintegration of her professional, social, and family relations and of her personality is likely to result.

Mental conflict as a result of clashes between inconsistent sets of sex mores may appear in those who maintain Puritan standards as well as in those who lapse into libertinism. In certain social circles the girl who refuses to pet has been made to feel the pressure of social disapproval; she has been told that she is not a good sport; she has been laughed at or avoided. It is even reported that groups exist in some universities where the girl who has remained a virgin

develops a definite inferiority complex because of her failure to achieve the status of deflowered sophistication.

The remedy offered by Mrs. Russell and by other advocates of less trammeled sex life is that the individual reeducate himself with respect to sexual mores. They urge getting rid of inhibition, throwing off taboos, and gaining independence of personality. A considerable number of genuinely conscientious young people feel called to become missionaries of this liberty—to educate others into the unleashed life of sex. But in actual practice this program encounters several practical difficulties.

Fulfillment of personality must be attained, not under ideal conditions, but in life as it actually is. Puritanism, in various degrees of modification, is widely prevalent in our civilization. It can no more be neglected in formulating a program for one's personal mental hygiene than can measles in formulating programs for public health.

Moreover, it is not merely the possibly conservative mores of the partner that the sex adventurer must take into account; valuations by one's whole social environment must inevitably be grappled with. What one's friends, children, employers, and clients regard as admirable, beautiful, and splendid, or vile, outrageous, and intolerable, affects inescapably the fulfillment or the wrecking of one's own personality. The wife of the sexual adventurer, in an average social environment, feels constantly on the verge of an abyss of disaster. Will her husband become infatuated with some other woman and abandon her and the children? Will her sons and daughters discover that their father has committed acts which they have learned to regard as treacherous and hideous? Will the resulting wound in their personalities interfere with their own life fulfillment? Will a scandal deprive the husband of his position and the children of support? Will a venereal disease be brought into the home? The woman living under the strain of such menaces—whether imagined or real—becomes moody, irritable, and suspicious. She fears to make women friends lest her husband make love to them. She shrinks from social life with him lest it collapse around them in disaster. She imagines gossip

and sinks under the sense of her own failure to hold a supreme place in her husband's life.

Whatever one's opinion as to the ultimate soundness or unsoundness of monogamistic mores, they are a fact in Euro-American culture. No extensive web of social relations wholly escapes them. Fulfillment of personality can be attained only on the basis of creative integration with this cultural environment.

3. *Sex Thrills Versus Growing Love*.—The third great cause of failures in attempts to break away from monogamy is the conflict between the desire of normal personalities for the thrill of adventurous experience and the need for retaining and building up into a permanent and growing structure the personal relations through which one has found emotional satisfactions. [Both the need for a permanent mate and the craving for sexual variety are inherent in the fundamental nature of human personality.]

Facing frankly the physical and socio-psychological dangers just discussed, it is possible for pioneering youth to say: "Nevertheless, Puritanism is intolerable; freedom must be the goal of the future; we will be trail-breakers even though we suffer martyrdom for it." If such a revolution should succeed, our civilization might win through a long period of psychological and social disintegration, and might perhaps assimilate ultimately the sex mores of the Soviets. But even if this were attained, it would solve only the culture-conflict aspect of the problem and leave still the deeper problem of the clash biologically inherent in the sex nature of human personality.

A year ago a play called *Gypsy* was a Broadway success. It depicted a group of young people who had long since tossed aside the shackles of Puritanism. Mrs. Grundy was not only dead, but unremembered. The heroine was a high-spirited girl who kept falling in love with successive men. Her loves led to tragedy, not because of any sense of violated taboos or clashing cultures, but because both she and her lovers needed so desperately to achieve a permanent love relationship, on which they could build lasting values of comradeship and joint achievement. That play was not

phantasy; it typified the sex problem lying beyond moral freedom—the problem that is inescapable as long as we remain human.

4. *The Wrecking Power of Passion.*—The fourth source of disaster in the quest for sexual fulfillment is the impossibility of keeping higher values vivid when swept by sex passion, unless one is supported by a deeply rooted code. Thousands of idealistic sex experimenters avow the crucial importance of reverence for the personalities of those involved in their adventures. They will not seduce a girl who cannot accept the new moral code with all her heart. They will take no chances of impregnating her. They will never betray a friend or hurt a husband or wife. But illicit sex affairs refuse to be conducted calmly and with steady loyalty to the deepest values of one's own personality and of one's mate. Resolutions melt away. Rationalizations becloud one's vision. The gambling impulse breaks down caution. One awakes to a dismayed recognition that one is inconsistent, instable, self-betraying, and a menace to one's comrades.

SCIENCE AND THE SEXUAL MORALITY OF THE FUTURE

Where, then, shall one find that firmly grounded code of conduct which will stay steady under the pressure of passion? Dogmatic religion may provide a prop for a rapidly diminishing fraction of the population, but the day of such magical aids to morality is rapidly passing. Far larger numbers will remain inertly supported by the uncriticized conventions of the group of which they are a part. But we must seek for a solution that will make possible rich and splendid life for the thinking men and women who are building the mores of the future, and for the sufferers who have been crushed in the clash between cultures or between deep-seated needs. Toward building such solutions we may lay down the following principles:

1. *The spirit of science* affords a far sounder and more permanent support for a valid code of sex than the superstitious dread of dogma. Character must be built on foundations not subject to upheaval in the moods of the individual.

The findings of dispassionate research into sex problems can give the honest seeker a basis for action which stands independent of his personal fluctuations. But the science that is to serve this purpose must not be disguised propaganda. It must not be wishful. It must face fearlessly all sides of the questions involved. The psychiatrists, the students of mental hygiene, and the social workers who are daily confronting the unvarnished facts of sex adjustment and maladjustment are under a deep obligation to build up the structure of scientific guidance. Youth needs to know, accurately and impartially, what are the outcomes of various sorts of sex behavior under various conditions.

2. *Toward the honest explorer in sex matters* our attitude must be one, not of enmity, but of sympathy, interest, and readiness to stand as friend and counselor. The vital code that makes character cannot be imposed from outside; it must be worked out by each individual. Personal experimentation is a costly method of discovering the truth. The psychiatric adviser needs to cultivate the means of letting youth learn vicariously, through the sufferings of others.

3. *Voluntary self-discipline*—the acceptance of a code because it makes for fulfillment of personality for all concerned—must take the place of social coercion and of anarchistic self-abandonment.

4. *The rich possibilities of voluntary monogamy* need to be studied in terms of actual instances. To discover the deep values of sexual partnership is a lifetime undertaking. To regard the relations between man and wife as predominantly consisting in physical union is to be guilty of a naïve and outworn materialism. Personalities are intricately beautiful, and the possibilities of their mutual stimulation and reinforcement in close and growing partnership are among the most lovely of the ranges of experience that men and women may explore.

5. *The thrill, adventure, and creative stimulus* of friendships between men and women when the element of physical sex is held under voluntary self-discipline make the allure of primarily physical exploration seem crude and curtailed. Even for the inveterate sex adventurer, the vivid memories

of beauty are of the times when spirit met spirit and the far reaches of personality were set at liberty.

It is perhaps no accident that Euro-American civilization—the most monogamistic of history—has been the one to rise highest and most swiftly in technology, in science, in education, in political organization, in social legislation, and in music. Emotional energies unconfined leave peoples flaccid. Arbitrarily confined, they burst out with explosive energy. But when disciplined willingly and intelligently, they may provide the motive power to carry human culture and human happiness to the new high levels of the future.*¶*

MENTAL HYGIENE AND WORLD HEALTH *

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ABOUT a hundred years ago, a young man was attending in the Sorbonne Arago's lessons on astronomy. He felt considerably flattered when he realized that the celebrated professor was looking almost constantly at him while giving his lectures. But life often curbs our pride: one day the poor student overheard Arago talking to several of his colleagues and saying: "Whenever I make a mathematical demonstration, I want to know if every one in the audience has really understood, so I keep watching for some sign of intelligence to appear on the face of the dumbest-looking of my hearers."

When I consider how little entitled I am to be here, I cannot help feeling that the very great honor that has been paid to me by the organizers of this Congress in inviting me to address you might perhaps conceal some sort of similar implication. I am fully aware that I have done nothing to forward mental hygiene. Of course I am deeply interested in its progress, and I have watched with greatest sympathy the admirable work of which Mr. Clifford W. Beers is not only the originator, but the very symbol. It is a wonderful fate indeed to be a prophet in one's own country as well as in the whole world, and to see one's life dream so completely, so triumphantly realized as you, my dear Mr. Beers, have been able to do during this epoch-making week. And, of course, I want to associate with you all those who, in the United States and now in practically every country of the globe, have advanced the cause of mental hygiene.

It has been my privilege, for more than thirty years, to be associated with many international movements and to visit many parts of the earth. I have seen health and welfare

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being put more and more to the front of public attention, not only nationally, but also internationally, so that we are witnessing now the beginnings of an international science and an international conscience of mankind. We see attempts being made at international statistics, at a kind of world survey, which is one of the most fascinating enterprises of our time. We see as in a microcosm the mosaic of nations and races and cultures, some recalling the earliest stages of humanity, some others advanced to astonishing progress. All the phases of history are exhibited before our eyes. But—and this is the new element that our age has introduced—there is not one place in the world that has remained untouched by the health and welfare movement; and it would be unfair not to recall the part played in this respect by your foundations and agencies, among which I want to single out the Rockefeller Foundation and the American Red Cross for the world-wide scope of their activities.

Looking at mankind, you may experience two opposite feelings: you may despair when seeing the immense amount of suffering, of want, of disease still existing; or you may feel elated and confident when realizing how many lives have been rescued, how much new happiness has been created.

In watching this progress of health work throughout the world, I have seen it increasingly associated with mental hygiene, and I need not explain to this audience why it could not be otherwise. A classification of our activities and knowledge under special headings proves logical and necessary, but, after all, life knows no such artificial limits. They are useful in lectures and textbooks to get some order in our thoughts. But we never ought to give them more than a classroom value. Studying the various efforts which are made in every country to better the conditions under which mankind is living has taught me that the greatest obstacle to the full success of these endeavors lies in their division and dispersion. When one begins to say: "I am interested in child health, or tuberculosis, or poverty, or emigrants, and there I stop", that is where the trouble begins. Is it not evident that if you want to protect the children, you

have to think also of their parents, of their health, of their education, of their economic position, of their mental balance, of their morals, so that child welfare, far from constituting a self-contained unit, really touches every field of health, social, and educational action? And the same would be found to apply to every other movement aimed at fighting this or that special evil befalling mankind.

Of course every one sees that, but why are we acting as if we did not? Why are our public services for health, welfare, and education conducted mostly as if they had no relation to one another?

The answer is that, amazed by the complexity of human life, we prefer to seek a more limited field. We cannot know everything, we cannot be Jacks-of-all-trades, so we choose a place, we fence it, and we forget everything that lies beyond the fence. And we do not like people trespassing on our fence either. This attitude was tolerable as long as the various fenced areas remained at a distance from each other. Half a century ago, there was little in common between the social, the health, and the educational services. Assistance was conducted mostly in the age-old way of waiting until the poor were half-starved and totally demoralized and then giving them just enough to keep some life in them. Public health then meant mostly sanitation; it was the work of the engineer and the architect, and had very little to do with human factors. Education, as regards the masses, was limited to teaching them the three R's and a few elementary facts not too closely connected with life.

Things changed when social work outgrew its purely alleviating phase and not only wanted to put its charges on their feet again, but also aimed at preventive and constructive measures, and I need not recall the considerable share American social workers took in this development. The study of poverty showed that its main causes were disease and ignorance, and in this way assistance became organically connected with hygiene and education. Later, the psychological elements came to the fore, and this completed the evolution of social work.

Public health, on the other side, went further than sanitation. When hygienists began the struggle against infant

mortality, they did the most obvious thing and distributed good milk to the babies. However, they soon realized that breast-fed babies were also dying through lack of the proper attention, and they started educating the mother, sending public-health nurses to improve the condition of the home, so that a child-welfare center to-day is committed at the same time to health work, to social work, and to educational work. And so it is with tuberculosis, social hygiene, and mental hygiene.

In a similar way, the school people who had hitherto limited their task to instructing the children began to see that you cannot separate the intelligence, the character, and the health of the school child from one another, and now a school is not considered satisfactory if it has not a doctor and a nurse to supervise the health side of its work, a psychologist to look into the mental problems of the children, and a visiting teacher to take care of the social situations.

As you see, we are to-day far removed from the time when the social worker distributed doles, the hygienist built sewers, and the teacher taught the A B C's, each one ignoring the others. The situation can be compared to that of different rivers, flowing down from all points of the compass, and joining together in a big stream, whose waters are a composite of those furnished by the several tributary rivers.

I have mentioned three of these tributary rivers, but there are many more. You have insurance, which began with the friendly societies or lodges and developed into the various public or private schemes which are not only providing resources and medical treatment to the sick, the invalid, the aged, the unemployed, the widows, and the orphans, but are also doing preventive work on an increasing scale. You have industrial management, with the innumerable attempts to deal with questions of fair wages, the prevention of fatigue and overwork, the health, the safety, and the contentment of the workers. You have the medical organization, in which the hospital and the dispensary become more and more complex as they now deal with prevention and social work. You have the courts, the prisons, and the reformatories, in which the doctor, the psychiatrist, and the psychologist have an increasing impor-

tance. And whether in these various fields you try to reach your goal by individual action, or by voluntary agencies, or by public services, or by legislation, or by all these means jointly, does not make a fundamental difference. The fact is that all these efforts are so intimately connected and interwoven that they constitute only one big fabric, in which you find threads of every size and color and material, in which there are still gaps and places where the design of the tissue is far from being clear, but which you now can no more dissociate into separate elements.

To this process, which is still far from being complete—if we can suppose that it will ever be complete—mental hygiene has contributed more than any other pursuit. And it could not be otherwise. After all, is not mentality the ubiquitous and dominating element of human life? Is not our body merely an instrument for our wishes, for our thoughts, and even for our dreams? When a manager has done everything possible for the material comfort of his employees, he realizes that he has achieved very little if for some reason or other they are not contented, which means that he has forgotten that they have not only a physiology, but also a psychology.

In the course of their development, hygiene, social work, education, industrial management, medical practice, and criminal law have departed from the standardized measures they used to rely upon and are now doing more and more individualized work. But what is individualized work if it is not the study of and the action on a personality, which leads us straight to individual psychology and mental hygiene? And in fact there is now such an intimate connection between social case-work and mental hygiene, between criminology and mental hygiene, and I would like to say between a sound medical practice and mental hygiene, that you never know any more where the one ends and the other begins.

It seems to me, therefore, more important for the mental hygiene movement than for any other phase of health work to recognize these connections and to build up a system by which all these efforts can be brought to coöperate harmoniously. They are not only parallel; they are all part of what we may call the same service.

Let me explain what I mean. We are accustomed to think of human lives individually. We enter this or that career because we are interested in it, because we want to make money and to achieve success. We choose a profession, or a trade, or we enter the service of the state. But let us for a moment think in sociological terms: Besides the personal advantage that we find in our occupation, we serve the community, and if you examine things under this light, you realize that there are three main functions or services in a nation—political, economic, and social.

The political services are those by which the state exists as such—establishing a government, administering justice, collecting taxes, managing the public funds, dealing with other states, protecting itself against internal and external dangers by the army, the navy, the police.

The economic services are the sum total of the activity of the people, as they work to produce, transport, and sell the innumerable commodities we need in our daily life, and also as they apply part of the money they have earned in this way to develop their enterprises and to save. In this sense, a farmer, a laborer, a typist, a manager, a telephone girl, a tailor, a greengrocer, a movie star, a banker all belong to what can be termed the economic services of the nation. These services aim at the production of things.

The social services, on the contrary, aim at what could be called, by straining somewhat the meaning of the word, the production of men. These services protect and develop the health, the knowledge, the skill, the morals of the people. They relieve them when in need, they raise their standard of life. Education, social work, health work in their various forms are part of these services.

In every country, the political services are managed by the state. The economic and social services, however, are divided, in various proportions, according to time and place, between the public authorities and private initiative. Everywhere, the postal service, the roads, the canals, the harbors are state concerns. But there are governments or municipalities that exploit the telegraph, the telephone, the railroads, the street cars, the gas and power enterprises, and even go the length of manufacturing and selling tobacco, matches, alcoholic beverages.

In the same way, the public powers and private initiative divide the social services between themselves: We have the Poor Law, the mothers' pensions, the public institutions for orphans, the crippled, the blind, the deaf, the mentally deficient; we have the public hospitals, the public-health services, the public-school system, on the one hand, and a whole series of private institutions pursuing the same objects on the other hand.

The political services are productive in as much as they maintain order, peace, and justice in the country; they are unproductive—I do not say unjustified—when they have to spend, as is at present the case in most nations, about 80 per cent of their budget in paying the cost of past or future wars.

The economic services are wholly productive provided they avoid the extremes of booms and slumps, and, generally speaking, waste of effort, of money, of goods, and of human beings.

The social services are justified from a humanitarian point of view, but unproductive when they take care of the incapables and incurables. They are essentially productive in all their other aspects, because the morals, the education, the health, the well-being, the safety, the contentment of the people, as human elements, do not play a lesser part in the production and in the prosperity of the nation than the material elements, like capital and machinery. This is easy to prove. Dr. Louis I. Dublin has shown that the population of this country has a present and future value that, expressed in dollars and cents, is five times higher than the capital—that is, the sum total of all property of any kind—existing in the United States. Is not the preservation and development of this human capital an all-important thing, from the mere material point of view? It has been shown that disease costs us something like 15 per cent of our national income, but if we added the cost of poverty, neglect, maladjustments of all kinds, we would see that we waste far more than that in failing to give every one every possible chance, in failing to apply universally what science and experience have taught us. We have millions of uncultivated, unprotected human beings to reclaim and to save.

These data are fundamental for us, as well as for every one who is engaged in any phase of what I have called the social services. They explain why these services are being constantly developed all over the world. I fully recognize, of course, that the economic advantage which the community expects from these services is not their only justification. The spiritual element, the humanitarian motive is not to be neglected. It has been at work since the beginnings of Christianity. But the novel factor, which permits an almost indefinite development of human welfare, is that we have discovered a new fundamental truth, which, like every fundamental truth, appears to us now so evident that we wonder it took centuries to demonstrate, and this truth is that it pays to rescue, to protect, and to develop the people themselves. An idea of the resources that are thrown into this work can be given in approximate figures: Germany is now putting about 15 per cent of its national income—that is, the sum total of the annual income of all its inhabitants—into its social, health, and educational services, public and private; England about 11 per cent; the United States about 5 per cent. If you reckon, however, in terms of the average individual income, you find that these three countries are spending for social services about the same sum per capita—that is, from forty to fifty dollars a year, partly from private sources, partly from state money. And of course there are great differences in the respective share of these two sources; public authorities do about 60 per cent of the work in this country, 80 per cent in England, and more than 90 per cent in Germany. Besides, the proportion of the national income that is devoted to these services is constantly and rapidly growing.

I may seem to have led you very far from mental hygiene. I do not believe so, because you have not only to develop mental hygiene, but to integrate it in this vast complex which I have called the social services. And this cannot be done without taking a view of them as a whole, without recognizing their origin, development, and trend, their present and potential resources, their organization. No two countries are completely alike in this respect, which imposes the conclusion that mental hygiene will have to proceed

along somewhat different paths in the sixty-odd countries of the world. Of course I have no intention of passing such a long review, and it is not necessary either. The social services as they now exist can be reduced to six main types, represented respectively by France, Italy, Russia, Germany, England, and the United States.

In France, social action is schematized: the law prescribes a separate organization for each category of relief, health, insurance, or educational work; minute prescriptions detail exactly the amount and the nature of the help that is to be given to an orphan, to a widow, to the aged, to the incurable, to mental cases, and so on. They prescribe the same rigid curriculum in every school. They even fix the dietary in hospitals. This system does not allow of any individual case-work. There is no place for social diagnosis, for a planned reconstruction of the individual life or of the family life. If you meet the conditions fixed by the law, you receive the prescribed amount of relief or service. If you do not, you receive nothing. The method is purely administrative, and this explains why the public-assistance system in France uses no public-health nurses and no social workers. The private agencies, of course, are much more flexible, and the state helps them financially. But they mostly work as free lances. There are 10,000 social agencies in Paris, and attempts to connect them are still in their very beginnings.

However, there are hopeful signs. The Office National d'Hygiène Sociale, a semi-official organization, is linking the public-health services with the private organizations for child welfare, tuberculosis, social hygiene, mental hygiene, and so on. Health centers have been created, in which the various branches of health work are brought together. The introduction of social insurance, the generalization of the medical inspection of school children, the development of the training schools for nurses and for social workers will undoubtedly break the old rigid frame. The conviction is growing in France that social and health work must be coördinated and made more flexible.

In Fascist Italy, the social services, like every phase of the national activity, are systematized. There is nothing more characteristic of the régime than the Labor's Charter,

which states that every one must work for the prosperity of the country and take his place in the national corporative organization. There exists for each trade or profession a union of employers and a union of employees. These unions have to coöperate for the development of production in its human and in its material elements, without ever recurring to strikes or lock-outs. The state has the upper hand on the whole organization. This conception led to the systematization of social and health work; for instance, the National Organization for Maternity and Child-Welfare Work, created about five years ago, has sections in every province and committees in every municipality, which coördinate the efforts of the public and private agencies and can even compel these to merge if it is apparent that there is a duplication of effort. Every inefficient agency has to reform itself or disappear. The work is unified, as regards institutions, methods, resources, and personnel, in the whole country, under a central board appointed by the government. Another example of systematization is the Dopolavoro National Organization, of which practically every employer or administrator is a member. It aims at multiplying, enlarging, and perfecting the health, welfare, and educational services intended for the personnel. Social insurance and public-health work are being steadily developed.

In Russia, the social services are nationalized. Even the practice of medicine is a state affair. Every citizen has a right to free medical treatment, including eventually a cure in a hydro or a spa. Each medical specialization is directed from a central institution, with which all the services existing in the country are connected; for instance, the Neuropsychiatric Institute of Moscow is the center for every neuropsychiatric institution in Russia. Although the health and welfare services are a responsibility of the state, the local population plays an important part in their management: the workers—men and women—appoint among themselves committees which discuss the work with the doctors and the officials, and stimulate the people to take advantage of these services. As an example, I would say that each maternity and child-welfare center has four such committees, dealing respectively with social case-work, with unmarried

mothers, with health education, and with the housing question. The aim is that social and health work should be administered by the very people for whom it is intended.

In Germany, the social services are generalized. Not only has Germany built a system of compulsory insurance against all the risks of life—accident, disease, invalidity, old age, the death of the breadwinner, and unemployment; it has also constructed a complete machinery for health and welfare work, coupled with an all-embracing organization for maternity and child protection: every city or county has a *Jugendamt*, whose treble function is to take individual care of every mother or child who needs any kind of help, to coördinate and to develop the institutions intended for the mothers, the children, and the juveniles, and finally to help the young people in starting and maintaining their own organizations. In many places, the health services, the welfare services, and the child-protection services are placed under a common board, in which both public and private agencies are represented. The private agencies have federated themselves according to their religious or political inspiration, and these federations have formed a National Welfare Council and a National Health Council.

In England, social work is essentially of a coördinated nature. The old Poor-Law services are being more and more superseded by health and welfare services. As an instance, you know that formerly the relief, the education, the medical treatment, and even the vaccination of the poor were in the hands of the Poor Law Guardians; the workhouse was almost the only institution in which needy cases of whatever nature could be received. An act passed last year has completed what has been called the breaking-up of the Poor Law, and now the maternity and child-welfare services are administering every phase of social, medical, hygienic, or educational action intended for the benefit of mothers, children, and juveniles. In the same way, all the hospitals and similar institutions existing in a county are to take their place in a coördinated scheme. Every public service calls for the coöperation of the private agencies, and these are associated in local and national unions. England has also developed a system of public insurance that is as complete as the German system.

Of course, before such an audience as this, I would not be impudent or imprudent enough to try to describe the American system, which is in the main, it seems to me, individualized, in the sense that a large part of it depends upon the local authorities and upon private initiative. At the same time, there is a very helpful tendency to voluntary coördination, both locally and nationally.

I must say a word as an explanation to my American friends of the reason why social and health work is to such an extent in the hands of the public authorities outside of the United States, and why, in particular, social insurance is or is being established in almost every country in the world. Of course, traditional and political factors play a part. But the main reason lies in the fact that the amount of wealth per capita is everywhere much less than in the States, so that voluntary agencies could not command the necessary resources to do the work they are accomplishing in this country. Besides, although the condition of the workingman has definitely improved in Europe, the wage scale is such that no family in this class could be expected to provide single-handed for such emergencies as a protracted disease, or invalidity, old age, unemployment, the death of the breadwinner. The dilemma with us is not state action or private initiative—it is state action or lack of action. I will not in the least disparage the admirable devotion and generosity which the religious and the non-sectarian agencies have placed at the service of their countrymen, but experience has shown that even by straining their resources to the utmost, they cannot by far do all the work that has to be done. This situation has become much more acute with the impoverishment of the bourgeoisie, which is general all over Europe.

With this multicolored background before our eyes, we can now attempt to trace general lines for the development of mental hygiene and its penetration into every one of the fields in which its influence ought to be felt.

The fact that these fields are so numerous and varied makes it impossible to think of one central governmental service which would take charge of the whole of mental hygiene. There are countries where public welfare, public health, and public insurance depend upon different minis-

tries and are still unconnected with one another. But even in the countries which, like England, France, Sweden, Norway, and many others, have a common ministry for these various branches of social action, there remains the fact that everywhere the school system, in which mental hygiene has such a great part to play, is directed from another central administration, the Ministry of Education, and that the courts, the prisons, and the reformatories are under the Ministry of Justice.

Besides, we would not in this way reach the private services, and I need not recall that in certain countries, like my own, 50 per cent of the children are attending private schools—in fact, mostly parochial schools.

Finally, it is, I think, undisputed that a young movement, like ours, needs an amount of freedom, flexibility, and initiative that we can hardly expect from any governmental service.

We are thus driven to the conclusion that the best central agency for the development of mental hygiene is a voluntary organization, such as exists now in many countries under the name of National Committee, or National League, or National Association for Mental Hygiene.

Of course the fact that these national committees will more and more keep in touch internationally should stimulate and facilitate their action, and this is one more reason for us to be grateful to the organizers of this Congress.

Nationally, however, there are various means of making the central organization more efficient. The first is to try to interest and enlist in it men and women from every public service and private agency that has to do with health, education, social work, the administration of justice, and the welfare of the family. Bishops, judges, university presidents, representative business men, and trade-union officials, heads of insurance companies or organizations, philanthropists, educators, doctors, nurses, social workers, ought to be approached and won to our cause. This sort of canvassing demands devotion, skill, time, organization, and money. That is why the national committee, in every country, would do well to make an appeal for funds one of its first objects. I know by experience that in attempting

to do this you find yourself involved in a vicious circle: you need funds to get more funds, and where is the first money to come from? Of course this is a local problem; perhaps the state will give something, or a generous person may be interested, but somehow this money must be found, because the first essential for any organization is to have a full-time staff, or, at any rate, a full-time secretary general or director general, whatever his title may be. I am speaking here especially for Latin countries, in which it is the custom for humanitarian work to be done by busy people in their very spare leisure time. However grateful we must be to those who thus sacrifice themselves, you cannot achieve complete results in this way. We have seen this in the Red Cross Societies, where formerly everything was done on a non-salary basis. One after the other these societies have had to abandon this system, and they are glad they have.

Another means by which the national committee may strengthen its action is to associate itself with other agencies that are doing health, social, or educational work. We all know how jealously private organizations—and, for that matter, public services also—defend their independence. We are all familiar with that type of mind which figures that everything done for another organization is lost for one's own. But it is a very elementary form of reasoning to think that when \$1,000 are given for tuberculosis work that means so much less for mental-hygiene work. The fact is that the more that is given to any form of health work, the more every phase of health work will attract public attention. In the same way, the law school does not lose in being associated with the medical school in the same university. You have given the example in this country of creating a national health council, which groups all the national associations interested in the various fields of health work, and many nations have already followed suit. This coördination prevents many misunderstandings, frictions, and overlappings, and it has the advantage of facilitating the material arrangements of the national secretariat. When it comes to the constitution of such a national health council, there is one body that has almost everywhere been

found extremely useful as a rallying center: the Red Cross, as a semi-official, yet voluntary institution, as an agency that knows no differences of party or creed or social condition or race, as an organization whose program permits of every initiative, is especially apt to group other national efforts. I know that when the Red Cross began its peace-time activities, some people entertained the fear that it would want to take over the whole field of social and health work and absorb or dominate the existing agencies. I think this fear has now vanished. Nowhere has the Red Cross played the conqueror. It has repeatedly stated that, except in time of war or disaster, its mission is merely to experiment, and also to coördinate and to supplement the action of other agencies or services, never to dislodge them from their positions. There is a place under the sun for every initiative.

I have hitherto alluded only to coördination at national headquarters. But there is also the possibility of local coördination, especially in the health demonstrations and in the health centers, which ought always to include not only a maternity and child-welfare service, a tuberculosis dispensary, a social-hygiene dispensary, but also a mental-hygiene dispensary and a child-guidance clinic. Here, too, the Red Cross has played a constantly increasing part, not only in this country, in which the idea of the health center originated, but in the many countries in which these centers are developing, mainly under the influence of the American Red Cross, the League of Red Cross Societies, the Rockefeller Foundation, and the Commonwealth Foundation.

I might perhaps just say in passing that of the seven mental-hygiene dispensaries existing in Belgium, three are housed by the Belgian Red Cross; that in Japan the first mental-hygiene dispensary, exhibit, and lectures were organized by the Japanese Red Cross; that the Luxemburg Red Cross is planning to do the same; and that all over the world, the 12,000,000 school boys and school girls enlisted in the Junior Red Cross are led by that institution in the very channels which mental hygiene points out as desirable for children of their age.

A third means for the national committee to reinforce its position is to make mental hygiene known to all those who are to become the leaders of the nation's activities. For that purpose, as well as for the intrinsic value of such work, no stone should be left unturned until every college or university student has been offered, not only an elementary course in mental hygiene, but personal service in this field. The future doctor, the future judge, the future educator, needs to know mental hygiene from personal contact, and the same is true of the future employer, the future clergyman, and finally the future mother and the future father. The best means to do this is to organize a mental-hygiene service in every college and university. I know this will sound quite utopian in Europe, where we do not have any kind of health or medical service for our university students. However, people are little by little familiarizing themselves with this idea, especially as the medical service is developing in the elementary schools and in the high schools. I have spoken of a course in mental hygiene which I think ought to be compulsory for every student. I do not mean by this a separate course. What I have in view are lectures on health, which would, of course, include mental hygiene, and ought to be completed by lectures on social welfare. It is an extraordinary paradox that in Europe we impose on our lawyers and doctors and engineers, besides their specialized training, an extraordinary amount of so-called general culture, which does not include one word about health or social work. You are debarred from a university diploma if you cannot cite the names of all the kings of France and England and Spain and of all the emperors of Germany, but the gate is wide open to one who has not the slightest notion of what is poverty, or the conquest of disease, or mental problems, or the economic organization of his country. To enlighten those who will have the greatest opportunities to practice mental-hygiene work in the field of their pursuits, and who will support its development as citizens or public officials, seems to me one of our most pressing needs, as it

means putting friends of our movement into every strategic position.

Of course the training of its own personnel is one of the most important, if not the outstanding, element of success for any movement: we need psychiatrists, psychologists, psychiatric social workers, psychiatric nurses in ever-increasing numbers and of ever-increasing knowledge and experience. After all, every movement is a matter of personnel more than anything else. You may be able to do little without money, but you will be unable to do anything without competent people. There was, however, a common saying in the armies during the war, which I am afraid has made Benjamin Franklin turn over and over again in his grave. It ran as follows: "Never do to-day anything that might as well be done to-morrow by another fellow." We ought not and cannot try to do ourselves the whole work of mental hygiene: the doctor, the nurse, the social worker, the educator, even the minister must take their share, which makes it a primary necessity that they should be trained to do so.

And, finally, every father, every mother, every one acting as a Big Brother or a Big Sister must help; consequently we must educate public opinion, as you are doing it increasingly in this country. Any movement, be it child welfare, or tuberculosis work, or social hygiene, or industrial relations, or civics, or international peace, comes to see the necessity of educating the masses.

I cannot enter into more precise details because the situation differs so much from place to place.

Of course it will always be profitable to have a mental-hygiene division in the state and municipal health services, and we must steadily emphasize that henceforward to consider physical hygiene only is to put a health service on one leg instead of two. Of course in countries that have social insurance it is all-important to have mental hygiene introduced into the scheme. The same applies to the administration of justice, the prisons, and the reformatories.

And a constant flow of lectures, of articles in the daily press, of addresses in the various associations and conventions is necessary to win public opinion.

I have taken you rather far on a meandering excursion, and I feel it is time to stop. I am sure you share by now the opinion of the girl to whom, while they were dancing, her young man said: "I could waltz you into Paradise." To which she very soberly answered: "Can you reverse?" Well, I can reverse, and I am bringing you back safely, thanking you most heartily for the attention you have so kindly given me.

THE EDUCATIONAL SYSTEM IN THE PENAL INSTITUTIONS OF THURINGIA *

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IF I restrict the sphere of my report to the reform of penal organization in Thuringia, a little country with but a million and a half of inhabitants, no large cities, and but a moderate amount of criminality, you must not, I beg you, consider me presumptuous. I feel entitled to do so not only by the terms of the invitation from the committee of this Congress, but also by the fact that for the space of eight years we have now been earnestly endeavoring to organize an educational and therefore effective penal administration. I shall not, it is true, be able to report anything conclusive. We have, indeed, emerged from the first tentative stage of prison reform. But we have by no means attained its end. We are gaining new experience, our knowledge is increasing every day. In particular our insight into the psychic, biological, and physiological structure—in short, into the mental and physical condition of the prisoner—is continually being widened. By this means we are gaining a firmer and ever firmer basis for our treatment of prisoners. In this research, science, psychology, psychiatry, biology as related to heredity and particularly to criminology, lend us their valuable and ever-increasing assistance. Thus the social diagnosis, as a necessary starting-point for educational work in penal administration, can be continually perfected. But there is one great difficulty left—namely, the question of the therapy that must follow the diagnosis.

Here also we gratefully recognize an enlargement and refinement of our knowledge that is chiefly due to the researches of mental hygiene, yet we are not spared the

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trouble of working out the details of our own method of practical penal administration, a task rendered particularly difficult owing to the large number of psychopathic prisoners. Psychiatry is only beginning to give us practical hints in this respect. As early as 1914 Karl Birnbaum pointed out the duty of altering the conditions of prison confinement in such a way as to do greater justice to the special requirements of psychopathic delinquents. We are indebted to him for valuable hints in that direction. Our chief endeavors should now be, not only to avoid causing injury by the prison confinement, but to exert a socially educatory influence even on psychopaths by a minutely elaborate psychic therapy. In this we expect further support from psychiatry. Meanwhile our prison educators must experiment and learn continually in the matter of therapy. But we may safely affirm that, with us in Thuringia, the reform of penal organization and the development of the educational side of penal administration, as far as the fundamental principles of its method are concerned, has already been directed into a steady course from which, we trust, it will not be easily diverted.

Up to a recent time—your country also offers many an instance of it—it has been the fate of most prison reforms to be entirely obliterated as soon as the prominent persons who had started them had died or succumbed to the attacks of the opponents of any such humane aspirations.

This historical fact was bound to be a warning to us. We, therefore, did not content ourselves with appointing efficient men as head wardens of our four penal institutions and with saying to them: "Now try for yourselves what you can do here and what you can attain here." In the beginning, it is true, the directors and educators were allowed a wide scope for their work, born out of an entirely new spirit, but from the very first we made it our principal task to give our reform a solid administrative structure that would guarantee its continuance beyond the change of leaders and political situations. So our leading thought was: *Men and measures!*

I am happy to say that we found men for our institutions, men who are doing their hard work with all their hearts

and who, in the carrying out of prison reform, are in full conformity with their board of superintendence, the Ministry of Justice of Thuringia. As an additional safeguard, we have given our officers strict rules as to the methods to be adopted by them, in a comprehensive manual of the "service and executive orders of the Thuringia penal institutions".

If I may now report on this method, I must, considering the limited time at my disposal, take a few things for granted—namely, that you agree with me on the following points:

1. The imprisonment of the lawbreaker cannot have any other but an educational aim. For a lawbreaker whom education has succeeded in reforming into a man of social behavior is no longer a danger to society. It is only after the most earnest and the most intensive educational attempts have proved the futility of all such measures that penal administration is justified in limiting its efforts to the protection of society by keeping the offender in safe custody.

2. By education in penal administration, we understand the training of an offender to become a legally acting and legally living citizen, although it is, of course, a still more desirable result, if, in addition to this, education succeeds in making a *good man* of him.

3. Educational work in the penal institution cannot, of course, be allowed to follow unrestrainedly the educator's ideas and aims, but must needs remain subject to certain restrictions imposed by penal law and sentence. Nevertheless, every prison official's work should bear the stamp of the Spaniard Montesino's words, which Moritz Liepmann justly calls immortal: "The jail receives the man; the criminal is left outside the gate."

4. From the prisoner's point of view also, it is necessary to remember in his treatment that penal administration must consider not only the educational, but also the judicial side of the question. Permit me to remind you particularly of political lawbreakers! Berthold Freudenthal, whom, I trust, you know to be a keen advocate of educational penal administration, has taught us that even in prison the law-breaker's relation to the community is regulated by law, not by power.

Let me also presuppose our unanimity in the opinion that a penal administration, governed by the right spirit, need not attribute any particularly great weight to the legal side of the prisoner's relation to the community, just as a married couple living in full harmony do not consider it necessary to trouble themselves much about the judicial details of the matrimonial law, though it is valid also in their case.

Let me, finally, observe by way of introduction that I shall deal only with penal administration as applied to grown men. To my regret, I cannot speak about its work and influence on women and juveniles, as either of these presents many peculiarities that would require minute explanation.

Our educational work is based on the progressive system, which is neither novel nor unknown to you. As one of the first federal states of Germany, we introduced it eight years ago, because the penal administration previously in force, devoid of any system, had proved inefficient. It professed to be based on the idea of individualization. But this was nothing but self-deceit. To treat, to educate a mass of some hundred or a thousand inmates individually is practically impossible. Formerly the warden or director used to walk over the cells once a month, asking each prisoner if he wished to say anything. "No, Sir", was the usual reply, and by that answer the responsible charge of the "individual treatment" was taken off the director's mind for a month again. For the rest, the prisoner was mainly left to the purely protective control of the guards and to the bad influence of corrupt fellow inmates. This kind of penal administration has been appropriately styled as "doing time in the dead calm of the cell". With such methods, with such a total lack of system, it very often happened that the prisoner left the jail a worse man than he had been on entering it. A radical reform of the method of treatment, therefore, appeared to us urgent.

We started with the realization that the education of masses cannot by any means be carried out individually. But this was not our only reason for introducing the progressive system. The deciding impulse was given by the

observation that, in the time after the war, surveillance, discipline, and order were lamentably bad in our prisons. This was clearly not only due to the political troubles of those times, breaking in upon the calm of that previously so tranquil life behind the high prison walls; nor was it due only to the great difficulties of our commissariats, which were often unable to satisfy the hungry inmates. The principal change we noticed everywhere in German prisons was that the privileges invariably granted to all the prisoners—as, for instance, the permission to smoke and take in newspapers, and the repeal of the law of silence—did not render the prisoners more contented or better behaved, but, on the contrary, made them more discontented, more impudent.

Another experience we had was that penal administration became more and more ineffective, that even the parolees were often very soon returned as law violators. We recognized the necessity of introducing some system into the educational treatment of all prisoners undergoing a prolonged term of imprisonment.

Starting from the experimental truth that nothing possesses educational value for the prisoner but what he has earned by his own effort, these considerations led us to the progressive system and caused us to build it up in about the same form as that constructed in Ireland by Sir Walter Crofton seventy years ago. Let me describe this system of ours, not as it has gradually developed, but as it is *now*.

We have three steps. Every prisoner undergoing a term of imprisonment of at least six months is given the chance of climbing up all the three steps. Only a decidedly feeble-minded prisoner may be excluded from the progressive system of penal administration, if the doctor's verdict requires it. But he must be continually and carefully observed with a view to reinstating him as soon as it appears possible and judicious to do so. We have repeatedly observed that even markedly psychopathic prisoners were favorably influenced by their desire to be reinstated into the progressive system.

On the first step, which is principally that of observation, the prisoner remains for a term of from three to six months,

in no case longer than one-fourth of the imprisonment. This period may be shortened, but it may also be lengthened by the verdict of the governing body if it states that the prisoner as yet shows no trace of accessibility to educational influence. The prisoner is promoted from the second to the third step if it may be assumed that the educational influence is proving successful. You perceive, no doubt, that good behavior alone gives no sufficient claim for promotion, particularly not for promotion from the second to the third step. As it is a matter of experience that prisoners generally know their fellows far better and more intimately than the prison authorities do, the latter will hear the opinion of the deputies or trusties elected by the members of the third step before making their decision as to the promotion of a prisoner to this highly important step. A successful trial on the third step, proving the reliability of the prisoner, is then the preliminary condition to his release on parole. To this principle we have held strictly for the last eight years, during which time our conviction has constantly been strengthened that release on parole must be *earned*.

But how is the educational influence exerted within these three different steps?

In nearly all the manuals of the "service and executive orders" of the other countries that have introduced the progressive system, you will find a comprehensive list of small privileges and rewards granted in the higher steps in a rising measure; the higher the step, the greater is the amount of compensation for work that the prisoner is allowed to spend in the purchase of groceries and other victuals, the more frequently he may exchange letters and receive visits, the longer he is allowed to burn a lamp at night, the more books he may read. Besides, as a prisoner of the upper steps, he is permitted to smoke, to wear a watch, to have photographs of his family, to adorn his cell, and so forth. At first we also believed the progressive system consisted in, and was fully dependent on, such external matters, such a schematic apportioning of pleasures and comforts. These things, no doubt, do possess a certain automatic educational effect. They awaken in the prisoner

the desire to procure himself similar advantages, thus causing him to show good behavior in order to be promoted to the second and then to the third step and finally even to be released on parole. But we have become more and more convinced that the various concessions and the hope of their automatic effect must not be our leading idea if we wish to do really educational work. Otherwise education remains too much on the surface, and its effect is, at best, an outwardly good behavior. Graduation of rewards is, therefore, no longer the most important consideration for us. Besides, we have recognized the necessity of granting privileges and rewards of a chiefly educatory value according to purely educational principles. It would be unwise to make their bestowal schematically dependent on the step in which the prisoner happens to be. Let me take reading as an instance. Formerly it was exactly prescribed: in the first step the prisoner was allowed to read one book weekly; in the second, two books; in the third, as many as he liked. But it is precisely in the solitary cell of the first step that the prisoner has time, tranquillity, and inclination for reading. While he is in this step it is of particular importance for him that he should be prevented from sinking into lethargy, moroseness, and bitterness, and that his mind should be enriched. In the second step, when the prisoner in community detention has ample opportunities of conversing with his fellows, of playing draughts and the greatly appreciated chess, of hearing music, he has neither time nor inclination for reading. This holds good in a still greater measure for the third step. This experience and these considerations have induced us to decree that the number and the choice of books be regulated only by educational motives. Something like this may be said about the permission granted to the prisoners to have photographs of their families at home in their cells. It serves our educational aims that every prisoner, particularly during the first stage of prison solitude, should see every day the familiar faces of his people at home and be reminded of them.

This frequently creates a valuable spiritual bond and a new feeling of moral obligation. This is why we allow every prisoner without exception to have pictures of the members

of his family about him. Nor do we exclude the lowest grade from the privilege of adorning their cells with flowers, for we have gained the conviction that it may often be advisable, from an educational point of view, to give flowers into the care of a prisoner whom we find deficient in sentiment and with whom everything depends on the awakening of such sentiment. We let the prisoners of the second and of the third steps enjoy good music as often as possible. On holidays the prisoners of the first step are also allowed to take part. How great the educatory value of music is for prisoners you know from the indefatigable efforts of your countryman—Dr. Willem van de Wall.

We have also given up schematic gradation in dispensing measures of hygienic value. Gymnastic exercise, for instance, is compulsory for each step. For reasons that I need not enter into before this audience, this is of particularly great hygienic importance in prisons. It counteracts the psychic damages of cellular isolation, most particularly masturbation. It is also a help in preserving the prisoners from apathy and despair. We, therefore, not only require the prisoners to do Swedish exercises in their cells every morning, but we give all our prisoners gymnastic instruction. Psychopaths whose behavior is known to be often unsatisfactory receive special instruction in hygienic gymnastics.

From these few examples you will already have gathered the impression that for the educator there are but few things left that he can hold out as pure favors, as a kind of sweet-meat he gives the prisoners.

In order to make the prisoner really fit for his future life in liberty, he must, above all, be trained in the institution to coöperate with us in the shaping of his destiny. This experience has impressed itself on our minds more and more deeply.

In the same way as the prisoner, from the judicial standpoint, is now respected as an individual endowed with the common rights of man, he must be entitled to be treated as such by the educator. It is by such a treatment that mental powers can be developed in him that make him fit for life in freedom. Lack of volition was the prisoner's characteristic state of mind during the reign of the old penal system.

On entering the penitentiary, he not only gave up his own clothes, but also his own free will; on his discharge, he received back his clothes, but not his will; it had been irretrievably lost in the monotonous, unnatural prison life. The progressive penal system has, in itself, an encouraging, invigorating effect. Powers of volition are awakened in the prisoner's mind by the educatory measures that I have mentioned. But these improvements are not sufficient to make the prisoner take a really active share in the life of the institution. There must be employed yet other educational means which I should like to call the dynamic ones. They are of paramount importance. No progressive penal administration appears to us practicable without them. Most important of all is the measure of self-government—a measure the educatory importance of which America recognized long ago. Clara Maria Liepmann has justly characterized it as the nucleus of the prisoner's training to a coöperative sense of responsibility. With us its work begins in the second step, where the prisoners are allowed to spend their off time till eight o'clock at night in the common rooms. For their stay in these common rooms they elect a council of trusties who are in constant touch with the director and who offer suggestions, issuing from the members of this grade, concerning technical improvements of the administration and other matters.

Life in the third step is altogether regulated upon the principle of self-government. Here the conduct of the prisoners in their off time is ruled by themselves. Thus the third step represents a little republic of its own within the establishment. Even externally, it has its own realm. The cells, opening on corridors apart from the others, give an impression of homeliness; here you also find the common messrooms, the day rooms, and the writing room. The cells are not locked, even by night, and there are no bars. Prisoners specially elected for this purpose watch to prevent mutual visiting in the cells. The prisoner is left the choice of staying in his cell, in the assembly room, or in the writing room. He has also the freedom of the garden. The guards do not intrude upon the domain of the third step. But the director or one of the educators will spend

the evening among its members, not for the purpose of inspection, but with a view to getting into mental touch with them and of imperceptibly keeping awake both their mental vigor and their interest in the cause and work of self-government. Discipline is maintained by the elected council members, and it is by them that minor transgressions are punished; sometimes they will call for the decision of the full council. Graver offenses, which occur but rarely, are reported to the governing body with the suggestion that the offender be moved to a lower step. The canteen where the prisoners of every step are allowed to buy provisions with part of the money earned by their work—the other part is kept by the warden until the prisoner is released—is also managed on the system of self-government by prisoners who handle both purchase and sale. They are controlled by an elected committee. I doubt very much if outside the prison walls any board of control can be found that fulfills its duty of supervision as carefully as this committee of prisoners. The various other branches of our self-governing administration also have been working now for years without any friction.

What kind of spirit prevails here, you may see from the rules drawn up for their statutes by the members of the third step themselves; some of these injunctions are:

- "Control yourself!"
- "Do everything that promotes harmony and avoid everything that might disturb it!"
- "Be considerate to your fellow prisoner!"
- "Reproach no one with his past, except yourself, if you like, with your own!"
- "Coddle neither your body nor your mind!"

Do you not recognize, in these words formulated by the prisoners themselves, the motto of Auburn, the maxim of Thomas Mott Osborne and of his creation, the Welfare League: "Do good, make good"?

A most effective dynamic help in the work of education we find in our Sunday walks with our prisoners of the third step. Until recently this was a measure employed by Thuringia exclusively, but it is now being imitated in other parts of the country. For the last six years the directors of our penal institutions have been accustomed to

take long walks on Sundays with the prisoners of the third step, walks of many miles in the surrounding country, with as many as seventy, eighty, or even more prisoners at a time. They are accompanied by an educator, but not by any controlling guard. These walks lead the troop of partakers, casually and unrestrainedly broken up into smaller groups, across the fields and woods, marching order being kept up only in passing through a town or a village. They sing on their way; they lie down in some particularly inviting spot; the glee club then sing to the others some popular air. In the course of these six years, it has only happened once that a prisoner has thought of profiting by this exceptionally good chance of making an escape. On the following morning, he returned to the prison of his own accord, with tears in his eyes and trembling. He said that from the very moment when he disappeared behind the tree, he had longed to return, but he had been afraid of the thrashing he would get from his fellow prisoners on their becoming aware of his intention to escape.

If the progressive system of penal administration pursues the aim of gradually loosening penal restraint and of facilitating the step of transition from prison confinement to a life in liberty, the Sunday walk will be a material help in attaining this end. The prisoners, with the exception only of those employed in outdoor agricultural work, have been hitherto unused to the sight of daily life in liberty; they actually staggered on seeing the prison gates opening on the day of their discharge; they were agitated by the mere sight of a woman. Now, in these Sunday walks, they get accustomed again to the spectacle of life as it is. We are, therefore, also wont to allow a few of our prisoners of the third step to go on errands into the town all by themselves, and we do so without feeling uneasy about them. Self-government and such things as the Sunday walk and permission to go out without control granted to a few—all this helps in proving the truth of Gladstone's saying, so often lovingly quoted by Thomas Mott Osborne: "It is liberty alone that fits men for liberty."

Experience has taught us that in the work of education, another most effective help is to be found in *sports*, which

are of the greatest hygienic importance. Things like self-government, our Sunday walks across the fields, sports, and the like can, in our opinion, be awarded only in the progressive system, and therefore this system is of the greatest importance for the dynamic side of penal administration. Such educational means cannot be employed indiscriminately with all the inmates of an institution, even if, as it is with us, its population does not exceed four hundred. (Let me add, by the way, that no penal institution ought to be allowed to have more, if it really means to work on the educational system. Filling a prison with more than five hundred is not justifiable from an educational point of view, nor from that of security.) Self-government, such as we have it on the third step, is absolutely dependent on our having examined and learned to know the individual prisoner, on our having gained some confidence in him. The progressive system thus resembles a kind of sieve, which retains any larger stones. There are always a great number of prisoners whom we cannot promote to the third step. Many a prisoner does not even get beyond the first step. But, on an average, about 15 per cent of our populations are in the third step.

It may have surprised you that, so far, I have spoken only of what happens in the time when the prisoners are free from work. But the difference between the system of penal administration *before* its reform and *after* it rests, perhaps, on the very fact that we do not confine our endeavors to the education of our prisoners by work alone. On the other hand, it remains a fundamental principle of German penal administration that every prisoner should be occupied in productive work. In Thuringia we consider it a matter of course that each prisoner should have his regular productive work to do. Work is an organic part of the program of our reform, of our whole educational work. At present, we do not have the prisoners work more than eight or nine hours a day; this working time, however, is not interrupted except by a short rest for dinner. Silence is not enforced, but the work is not allowed to be hindered or impaired by chatting. Reward does not go by the step the prisoner is in, but by the work performed.

There is a sort of piece-work system which does not force the prisoner to overexert himself, but at the same time allows the industrious worker to earn fair wages adapted to the conditions prevailing in liberty. As you know from the reiterated demand of Alfred Hopkins, your prison architect, "to do away with the unnaturalness of prison life" is necessary everywhere and in all branches of penal organization. For its aim must be to train the prisoner for life in liberty. Under the new working conditions results have improved in a most gratifying manner.

Of what consequence for the education of a prisoner the work he is given may be is shown by the following case: A young fellow of twenty-five years, with a large number of previous punishments and considered incorrigible, had been placed in solitary confinement and was in danger of being totally blunted by excessive masturbation. He had been employed only in cleaning beans and peas and vetches. Now the director gave him a trial by putting him in the printing office, where he was employed in the very difficult work of compositor. After six months I hardly knew him again. I found a fresh and bright-looking fellow who, in his spare time, was busily studying a German dictionary, word for word. "I want this for my work", he said. Thus the sphere of work also affords many an opportunity for *individual education* which is necessary in modern penal administration.

"The individual", says Dr. Frankwood Williams, "is a kind of pawn, an object entrusted to us, and the problem is, what to do with it." This is the case also in penal administration, in individual training. On the other hand, it is facilitated—nay, in large establishments, rendered possible at all—by the progressive system. As a preliminary condition, of course, there must be a systematic study of the prisoner's individuality. In this respect you are so far advanced in America, so far ahead of us, that I need not say any more touching its fundamental side. At any rate, our experience also indicates the paramount importance of studying the prisoner's individuality and of building up his social diagnosis on this basis.

If the individual study is not to be merely bungling work,

it needs officials scientifically trained for their task. We possess them in our educators, who are almost exclusively university men and who are assisted by psychiatrists on part time. These specially trained officers, however, are not needed only for the individual study of the prisoner's personality, but for his entire educational treatment, with which they are entrusted under the director's superintendence. With officers and guards of the old kind, you cannot do any efficient work in educational penal administration. Education is impossible without educators. An educator engaged in prison work must be in possession of the full scientific armor provided by modern pedagogy, psychology, psychiatry, and criminal biology and all that we call mental hygiene. The principal thing is, of course, that the persons charged with the education of the prisoners should possess the gift of dealing with men, of educating men. They must be men of strong personality, emanating a decided influence from which the prisoner simply cannot escape. But at the same time they must be men of a simple nature, in no way complicated or problematic, men with whom the prisoner can easily get into mental touch. Then confidence will come. To gain the prisoners' confidence is by far the greatest difficulty. The thick walls that raise a barrier between officers and prisoners must be razed first. *Of course, the guards also must have a good education and training, and have a real understanding of the educational aspects of their task!* Thus the question of personnel is the cardinal question in penal reform.

If, in Thuringia, we believe that we are on the right track, it is chiefly because we have not only found wardens or directors who devote themselves to their difficult task with their full hearts and minds and are really up to their task, but because we have also succeeded in appointing special educators. We have been the first in Germany to introduce this new type of official. We have now a reliable staff of such educational officers. Frequent changes would be a great disadvantage and prevent the development both of a good tradition and of a good spirit in the institution. We have at present one educator for every sixty or at most eighty prisoners; in the prison for juveniles, one for every thirty.

Their number should be still greater. Our wish of establishing a training college for educational prison officers must remain but a dream, owing to the want of means. At any rate, we believe that by increasing the number of such *educational* officers, the number of controlling officers may be reduced more and more. *External* authority, as represented by the latter, can be all the more easily dispensed with as *internal* powers are being awakened in the prisoners. The more you raise interior barriers within the prisoners themselves, the more you reduce the importance of outward walls and bars. There is no longer any iron grating to the windows of the third-grade cells. In superintending our prisoners' agricultural work in the fields, the guard is no longer armed with a rifle. Escapes from prison outdoor work have considerably diminished ever since.

You will ask me now, I suppose, how the new methods have worked so far in connection with the old progressive system. In the opinion of all those concerned in the matter, our experience is favorable. However far we may yet be from the goal, we believe that we are on the right way to it. The conditions prevailing in our penal institutions have, at any rate, undergone a great change, and a change for the better. There are no longer any mutinies. Punishments—which, by the way, are no longer inflicted by the prison authorities, but by a special court that counts prisoners among the jury—have diminished considerably. Order and discipline have not only improved externally, but it has been possible to attain what M. Liepmann so significantly calls “the educative atmosphere”.

Some time ago, a member of Parliament, while inspecting a penitentiary, asked a prisoner what prison life was like now. He undoubtedly expected the answer that it was better now, owing to the increase of privileges. But he was greatly surprised by the reply: “In former times it was better.” And the reason? “There is no longer any solidarity among the prisoners now. Formerly every one was content to be nothing but a prisoner; nowadays many want to be something better.” I was greatly pleased with this answer, for it showed that, in the opinion of this undoubted expert, we had succeeded in removing that bad solidarity

which chains the prisoners together into a close phalanx against the prison authorities. This is the beginning of the creation of a solidarity in the good sense, in the educational sense. In the third step, with its system of self-government, we have undoubtedly brought about such a solidarity, such an educatory atmosphere. But even in the second step, where the prisoners begin their life in community, the atmosphere has greatly improved, although we are by no means strict in the exclusion of difficult criminals, mostly declared psychopaths. Even in the second step, the percentage of psychopaths is still considerable. Nearly all that do not get beyond the first step abuse the progressive system, but only because the grapes of the second and of the third steps are hanging too high for them do they appear sour to them. That does not matter and is, in fact, precisely the same in free society. But we always endeavor to damp the arrogance that we sometimes notice in third-step prisoners in their intercourse with prisoners of the lower steps. We try to remind them of the fact that their being in the third step gives them no right to deem themselves something better, but only imposes upon them the duty to behave better. The higher step involves greater responsibilities and obligations, and self-government is self-responsibility.

To us it is no longer only a matter of belief, but a matter of experience that in penal institutions intensive educatory work may be successful even in difficult cases, even with psychopaths. In this matter our experience is identical with that of modern psychiatry, which, to an ever-increasing degree, has recourse to therapy in the treatment of psychic defects. The smallest measure of hope of a successful educational influence exists in the case of recidivist defrauders. Even subsequent safeguarding influence is not of much avail here.

It must not be overlooked that the progressive system alone, with its gradation of privileges and mitigations, is not what we mean by educational penal administration. It is only the frame for it, though, we believe from our experience, the best frame. Society, however, may rest assured; the methods of our penal administration, as employed by us, do not let the prisoner bear the loss of liberty so lightly

as not to feel it any longer. On the contrary. It is precisely under the progressive system, precisely in the third step, where he already enjoys a foretaste of freedom, that the prisoner feels the greatest longing for full liberty, far more profoundly than he used to feel it before in "doing time".

To the hoard of valuable experience we have gathered belongs the perception that there is as yet far too great a number of short sentences, whereas indeterminate sentences would be the proper way of getting at strongly asocial law-breakers, as, for instance, unstable, habitual offenders and professional criminals dangerous to society. In some of your states you have this system of indeterminate sentences, and we greatly envy you on this account. We shall, I dare say, also get it in time, but, on the Austrian pattern, only for juvenile offenders who, numerically, are of minor consequence nowadays. Besides this, we have recognized more and more the urgent need of exercising a safeguarding influence upon discharged prisoners and upon the weak-willed paroles. But what we want most of all is the possibility of providing *work* for all the discharged. In the disastrous general want of employment actually prevailing in Thuringia, this is a difficult task. For many a lawbreaker the worst effect of his punishment makes itself felt *after* his discharge when what he had saved in prison is spent and he cannot find any work. I am glad to say that the Thuringia Prison Association, financially supported by the state, assists us to the best of its ability in this unfortunate situation through its voluntary helpers and paid educators.

I have tried to give you a brief, rough sketch of the reform of the progressive penal administration in my own country and of our experiences in carrying it out. I hope my statements have not given the impression that I have represented conditions and experiences in too favorable a light. At any rate, I can assure you that, except where I expressly stated the contrary, I have given you nothing but facts. If my report has sounded optimistic, that is a criticism to which I will gladly submit, for in this field it is absolutely impossible to do any good work at all without an optimism that cannot be deterred by failure. And failures cannot be quite avoided, for in our work we have

to deal with human beings and beings of a quite peculiar, difficult sort. Many of them, it is true, may not be worse than we are, but, at any rate, they are worse off. And many, a great many of them, had a very black lot cast by Fate into their cradles, or, to adopt the language of natural history, many began life badly handicapped by heredity.

With all our optimism, however, we must be on our guard lest we should lose the firm ground under our feet. We *are* on our guard! But, above all, we cling firmly to the belief that Goethe expressed in the words: "*Alle menschlichen Gebrechen sühnet reine Menschlichkeit.*" ("All human failings are expiated by pure humanity.")

THE PRISON OF THE FUTURE*

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IT is a significant and gratifying event for a prison man to be invited to address an international conference on mental hygiene. It is a hopeful omen when a great and learned body of men and women who are devoting their lives to the scientific study of human nature set aside an evening to discuss some of the perplexing problems that assail our governmental agencies when we attempt to control or correct the human failures of our communities. I feel at once grateful for the opportunity to address you and humble in the presence of so many people who have given so much and such productive thought to this great question.

May I not at the outset, on behalf of our struggling, groping American prison system, acknowledge the great debt that we owe to the penologists of the countries of Europe whose distinguished representatives have honored this conference by their presence. The strictly impartial and speedy system of criminal justice in England and the professionalization of its prison personnel; the successful system for the care and correction of juveniles in Holland; the splendid psychiatric studies in the prisons of Belgium; the modern and scientific development of adult prisons in Germany; the brilliant and convincing contributions made by the Italian school of criminologists; the remarkable success in Switzerland in the treatment of misdemeanant types of offenders on prison farms, to mention only a few of Europe's outstanding contributions, all excite our envy and command our admiration.

It might be well to refer at the outset to the duality of our American penal systems. In each of our forty-eight sovereign states we have a separate and independent prison

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organization. Under the Constitution, the states delegated certain duties and rights to the central or Federal Government. The enforcement of laws enacted under this Constitution—laws presumably national or Federal, rather than local in character—is the business of the National Government. All other offenses are punished by the states.

I wish I could report to you to-night that America has solved the problem of the prison. But I cannot. The topic of this paper must, therefore, be the prison of the future. Indeed, I doubt if the prison problem can be isolated and treated as a single problem. When we have solved the problems of poverty, bad heredity, industrial inequality, physical and mental inadequacy, we shall probably likewise have solved the problem of the prison.

There is not much to be said for the prison of the past. Oscar Wilde said about all of it when he wrote:

"I know not whether Laws be right
Or whether Laws be wrong;
All that we know who be in gaol
Is that the wall is strong;
And that each day is like a year,
A year whose days are long.

"But this I know, that every law
That men have made for man
Since first man took his brother's life,
And this sad world began,
But straws the wheat and saves the chaff
With a most evil fan."

The prison of the present has evolved from a place purely of detention into a place of punishment. We have progressed far enough along the path of civilization to have largely discarded capital punishment, expatriation, and corporal punishment as penal correctives, and for want of some better or more appropriate solution, have been to some extent forced to adopt the expedient of sequestering our criminals in places of more or less permanent confinement. We have hit upon the idea of adapting jails or prisons originally used to detain prisoners pending their trial, or awaiting other forms of punishment, into places of punishment in themselves. There was reason for this. Patrick Henry knew whereof he spoke when he said, "Give me liberty or

give me death." A prison—for a human being, as well as for a bird or an animal, no matter how the cage may be gilded—is for many a living death, the nadir in punishment. It will, therefore, be noted that we have not always chosen candidates for imprisonment on the basis of their present danger to the community, and have used our prisons not only to control persons against antisocial acts in the future, but to make them miserable because of antisocial acts in the past. It is this idea, by the way, that leads many sincere, practical people to question the wisdom and efficacy of the so-called scientific prison methods that are being proposed; and, in a sense, their doubts are justified, for the reason that if the prison is designed only to take the place of the stake, or the cat-o'-nine-tails, or the dungeon chamber, then it stands to reason that it will not be an effective prison unless it does make its inmates reasonably unhappy and miserable.

In America to-day it would be difficult to provoke any real dissent to the proposition that the prisons have not succeeded in their purpose. A series of prison riots in which lives of both officers and inmates have been sacrificed, culminating in the Columbus horror of a few weeks ago, have resulted in the almost unanimous conclusion among our editorial writers that prisons have failed. Have failed in what? Failed to make their inmates miserable? The desperate efforts of the inmates to liberate themselves do not seem to make that ground tenable. We need hardly be afraid that our prisons are coddling their prisoners or making their stay too attractive. Failed to keep men in the prisons once they have been committed there? This can hardly be maintained, as the number of men who have successfully made their escapes in this whole series of riots can be counted on the fingers of one hand. It may have taken steel and iron and machine-gun companies to hold them in, but they have not escaped. Have they failed to make the majority of rejects and outcasts and unfortunates of society that finally reach their portals over into tractable and law-abiding citizens? They certainly have—and the conviction is beginning to dawn on us that they will continue to do so until organized and operated on an entirely

different basis and with a different object in view, and until our attitude is one of helpful interest instead of disdainful neglect.

Let us be fair to the prisons. They are not entirely to blame for the disturbances of the past year. We have delegated to the most poorly equipped agency a task that the combined ingenuity of all the rest of society has yet found impossible of solution—the task of controlling criminal conduct. The failure of the prison is the culmination of our general failure to secure law obedience. When 3,000,000 men were returned from the rigors and brutalities of the war, when wages were reduced, many thoughtful students of sociology predicted an increase in crime similar to that which has followed every great war. In the meantime several new and dangerous elements had entered our civilization. The use of the automobile had multiplied twenty-fold, small side arms and even machine guns had almost become accepted articles of personal equipment. The youth of our country entered upon a period of determined self-emancipation. The old orthodox religious controls were being challenged and disregarded. There has ensued a period of desperate, dangerous, selfish criminality.

It has been commonly maintained that the crime rate in this country has been mounting rapidly. Such figures as we have would seem to indicate this. It must be pointed out, however, that it is not safe to assume that the country is, therefore, more criminal or more vicious than formerly. It may be that we have more crime because we have more of everything else. Again, our country has not the homogeneous population, the settled traditions, and the well-oiled judicial systems that many foreign countries are blessed with. Further, our growing prison population may be at least in part accounted for by the fact that we have recently lengthened the terms of our sentences and withdrawn the privileges of parole. It may also be that we have more criminals because we have recently tried to raise the standards of conduct by making acts criminal that were not so formerly. This is especially true with reference to Federal offenses.

It is still contended, on the other hand, that the crime wave, so-called, was not unusual, that it was participated

in by but a small section of our communities, that the total volume of crime is not greater to-day than formerly, but that it is more spectacular, and to the extent that it utilizes more dangerous instrumentalities, is certainly more menacing.

Now there were two ways to handle the situation. Society could attempt to understand, to labor, to treat with the criminal, to train him into better ways. During the period 1900-1920, much of this work was undertaken. This was the period of the birth of the juvenile court and the development of probation, parole, and the indeterminate sentence. Society could continue this attempt or it could arm and fight. We did the most natural and what seemed to us the most protective and immediate thing to do—we fought. Crime commissions investigated and came to the conclusion that we had gone too far in sympathizing with the criminal; that we owed it to ourselves and to the victims of crime to treat law violators in a more condign and summary fashion. So we tightened up on parole, we lengthened sentences, we attacked probation, and for the time being we waved the social sciences aside. Now it is impossible to confine a fight to one side. Minor disturbances occurred in prisons. Crime, having itself assumed a warlike appearance, increased in intensity. The culmination came with the terrible prison riots of the past year.

It is idle to discuss or determine who started the war. The fight is on and the position that we take with reference to the treatment of prisoners within the next few years will be of extreme importance to our future welfare. Let the fight go on, but let it be along the lines directed by President Hoover and his excellent Crime Commission—against delay, against corruption, against indifference, against greed and selfishness, against ignorance, against the evils themselves that have brought us to the conditions in which we find ourselves.

The thoughtful observer to-day who candidly questions the efficacy of the punitive treatment still hesitates to expose his community to the risk of abandoning the protection that comes from imprisoning its law violators. He insists that the program of swift and sure punishment as a social corrective must not be weakened. How can we devise a system

that will be at once a present protection and still comprehend a program of sound humanitarian rehabilitation?

The first duty of society is to protect its members. All scientific theories must be tested on the basis of whether they accomplish or defeat this end. Let us assume that until we devise something better, the prisons and reformatories are to continue to represent our answer to the demand of society that its law-breakers shall be punished. The vast majority of men and women who go to prison will shortly emerge. The community will not be safe if they come out worse than when they went in. With some men the prison experience will be in itself a regenerating influence. They will be either more honest or more careful in the future. Possibly the mere disgrace of exposure or loss of social prestige or conviction would have done as much for this type.

Recent studies have demonstrated, however, that in a majority of instances, a prison term is not an improving experience. This, it should again be pointed out, is not entirely the prison's fault. It seems obvious, therefore, that if the prison is to direct its efforts toward the permanent protection of society, it must do more than make men temporarily miserable, more antisocial, and eventually more dangerous. The function of the prison as originally conceived is a simple one. The function of the prison as a place of reformation or regeneration is one of extreme difficulty.

Assuming, then, that the prison of the present has failed—or, to state it more accurately, assuming that the task of the prison has not been performed to the extent expected and demanded by our communities, that the lesson it was supposed to teach has not been effective to produce the desired results—what should be the prison of the future?

Our distinguished Attorney General, William D. Mitchell, whose stand on the prison problem has been a fearless and humane one, has recently said, "The prison of the future should be at once a disciplinary school for those who can be reformed, a place of permanent segregation for the incorrigible, and a laboratory for the study of the causes of crime."

May I take this opportunity to present four directions

in which the prison of the future will differ from the prison of the past? In some of our states much progress has been made toward a realization of these ideals, and where such progress has been made, it can be successfully demonstrated that the crime situation has improved. For years penologists and sociologists have had a vision of what a prison might be. The reports of annual meetings of the American Prison Association for fifty years back will testify to the sincere efforts of many devoted men and women to better prison conditions. These conditions are infinitely better than they were half a century ago, but it has taken the bloody riots of recent history to bring about any general public movement toward the realization of these ideals.

(1) In the first place, the prison buildings and equipment of the next generation will be so constructed and devised as to lend themselves to the application of constructive programs of rehabilitation. Stone caves and barred doors may be necessary for a certain percentage of our criminal population, but they are not designed to bring out the higher and nobler sentiments in human nature. We have been in the habit of putting all of our prison population in an environment suited to the needs of a small percentage. The most encouraging progress American states have made in the treatment of the offender has been along extramural lines. Probation, parole, the juvenile court, the foster-home and placing-out systems are splendid examples of American ingenuity and progressiveness in penal matters.

Strangely enough, these expedients have, though they diminish the so-called sanctions of the law, succeeded where prisons have not. The states that employ these methods most largely are the freest from crime waves. Massachusetts, for example, has long been referred to as the state that makes the freest use of probation. Page 4 of a recent pamphlet published by the Census Bureau shows the general increase in number of persons in state prisons and reformatories per 100,000 to have risen from 68.5 in 1904 to 79.3 in 1927, whereas, in the same period, the number of inmates per 100,000 in the state of Massachusetts has dropped from 64.5 to 45.6.

| The prisons, especially those of the Federal Government,

are now dangerously overcrowded. The obvious, the orthodox thing to do seems to be to build more prisons. The Federal Prison Bureau is insisting, however, that with new prisons shall go increased probation, better supervised parole, and such substitutes for and improvements on prisons as can be devised. So we have our Federal women's reformatory at Alderson, an institution founded on the principle that every woman offender is entitled at least once to be brought in touch with a fine, clean environment and subjected to improving influences. We have our Federal reformatory for boys at Chillicothe, and our newly established Federal prison-camp systems. Six hundred men have now been transferred to road and construction camps on Army Reservations at Fort Bragg, North Carolina, Fort Riley, Kansas, and Fort Mead, Maryland. A temporary construction project has been authorized at Camp Lee, Virginia, where a forestation and agricultural camp will be established. Similar projects have been contemplated in the national forests and parks, so that at the end of next year 1,700 men, who otherwise would be housed in Federal penitentiaries, will be doing an honest day's work for the Government on projects that would not otherwise be carried on. In the extension of its institutional facilities, jail as well as prison, the Federal Government plans to utilize existing Government property and resources wherever that is possible.

For some time to come, however, prisons of one kind or another will be necessary. The prison of the future will be of strong construction where strength is needed, but it will give prominent place to the hospital, the laboratory, the school, the mental-hygiene clinic, and the workshop. It will have a farm and a library—albeit it may be found necessary to eliminate those modern refinements of cruel and unusual punishment, the motion picture and the radio. It will not be an asylum, or a place of amusement, or a dungeon. It will be clean and teach cleanliness. It will be busy and teach industry. It will be stern and teach discipline. The new institutions for Federal prisoners have been planned by Congress on these lines.

(2) In the second place, the prison of the future will be

manned by persons who will be trained in the science of understanding human nature. Too long have we left the conduct of our prisons in the hands of men picked at random on the basis of size, strength, and inability to get a position anywhere else. Under existing conditions, it is astonishing to find the large number of sincere prison wardens conscientiously devoted to their jobs and the great proportion of prison guards who perform the disagreeable and the dangerous task with fidelity and loyalty, but who have been chosen without emphasis on the fundamental aspects of their duties.

The prison service to-day can be professionalized. The United States Government is making a start in that direction. A school for prison officers has been established. The other day a class of thirty men graduated from a four months' intensive course, including the science and theory of criminology, lectures on elementary medicine, psychiatry, and first aid, together with the more practical subjects of jujutsu, floor drill, and self-protection.

Recently a notice was sent to the universities of America calling attention to the fact that the prison service offered a productive field for college graduates. In the last two weeks the Federal Prison Bureau has received over 200 applications from college men. Once this idea has taken hold that the prison offers an opportunity for intelligent and constructive work, improvement in our personnel may be expected. This may well be followed by a system of promotional examinations and the extension of the protection of the Civil Service in the whole of our penal system.

(3) In the third place, much attention will be given to the realization of the important fact that an idle mind is the devil's workshop. No serious prison riot has yet taken place in an institution in which all the inmates have been provided with steady and productive labor. It is to the everlasting credit of our American Federation of Labor and the employing interests of the country, as well, that they have come to a realization of the important truth that idleness in prison is a public menace. The adoption of the state-use theory of prison labor is a compromise upon which all can agree. The Government has a right to employ

its own wards in the manufacture of articles for its own consumption. Private interest in prison labor is to be abolished. The prisoner must not be exploited. He can be taught valuable lessons in self-reliance, thrift, and industriousness through a carefully guarded wage or token system. The Government must not go into competition in the industrial field. But, on the other hand, it must be given access to its own industrial market. The one feature upon which editorial comments are unanimous is on this phase of the problem. We do not always look to *The Saturday Evening Post* for guidance on scientific or sociological subjects. It may even be said to have a hard-boiled clientele. The following extract from a recent editorial, however, is a straightforward, fearless, and progressive challenge:

"Most important perhaps of all, the prisoners must not be idle, and if there is not enough ingenuity to solve this particular problem, then we might as well give up in despair any attempt to handle the crime situation. Of all crimes against society, none quite equals that of keeping prison inmates idle and unoccupied. Surely the evils which flow therefrom must far exceed any small harm which comes from the sale of prison-made goods in the commercial markets."

The bill in Congress which the senate passed yesterday calls for a diversified prison-industry system in Federal prisons, the payment of a modest wage to the inmate, and access to governmental markets, including road-building, public works, reforestation, and so forth. Its passage marks an epoch in American prison history.

Fourth, we finally come to the most difficult and yet the most hopeful function of the prison of the future. We must find some way to individualize the corrective and protective treatment to be given the inmates. Men may be punished *en masse*; it is doubtful if they can be reformed that way. What will help one man will not cure another. It is just at this point that the psychiatrist and the mental-hygienist can be of inestimable value in the development of our future prison program. Before we can treat, we must prescribe. The astonishing accumulation of knowledge made in the last quarter of a century in the science of psychiatry will be heavily drawn upon. The guard force in the prison, trained as above outlined, will be augmented and perhaps supplemented by physicians and psychometrists,

vocational instructors, research assistants, librarians, athletic instructors, superintendents of schools, morale officers, parole supervisors, who will find their places as component parts of the program of individualization. The difficult thing, of course, in the tremendously large population of the state and Federal penitentiaries is to isolate and diagnose the individual and his problem.

In many prisons the need for such a program has been felt, and in the Federal institutions it is taking definite shape. Based on legislation that has just been approved, the well-organized Public Health Service, under the sound and expert guidance of Surgeon General Cumming, has been called in to organize and supplement the medical and psychiatric service in Federal prisons. Educational directors have been appointed in each institution, in most of them a trained librarian, in some of them morale officers and vocational superintendents. It may readily be seen that a large part of the success of such a plan depends upon accurate diagnosis, which we expect from that branch of the medical profession which produces the modern psychiatrist. The insane, feeble-minded, and psychopathic must be recognized and cared for elsewhere.

I know that most of you have read with keen delight Mr. Walter Lippmann's *Preface to Morals*,¹ but I cannot refrain at this point from reading an extract from it:

"Great progress has been made in scientific psychology within the last generation, enough progress, I think, to supplement in important ways our own unanalyzed and intuitive wisdom about life. But it would be idle to suppose that the science of psychology is in a stage where it can be used as a substitute for experienced and penetrating imaginative insight. A good meteorologist can be confident of the weather. But we cannot have that kind of confidence in even the best of psychologists.

"Indeed an acquaintance with psychologists will, I think, compel any one to admit that if they are good psychologists, they are almost certain to possess a gift of insight which is unaccounted for by their technical apparatus. Doubtless it is true that in all the sciences the difference between a good scientist and a poor one comes down at last, after all the technical and theoretical procedure has been learned, to some sort of *residual flair* for the realities of that subject.

"But in the study of human nature that *residual flair*, which seems to be composed of intuitions, common sense, and unconsciously deposited experience, plays a much greater rôle than it does in the more advanced sciences.

¹ New York: The Macmillan Company, 1929.

"The uses of psychology to the moralist are, therefore, in conforming and correcting, in broadening and organizing his insight into human nature." (pp. 172-73.)

The psychiatrist or mental-hygienist, whether he calls himself by that name or not, is in the prison business to stay.

All we ask of him is that he work with us and not apart from us, that he realize the tremendous difficulties of our work, that he not content himself with telling us what is (or was) wrong with our offenders, but that he take his coat off and go into the operating room with us to help correct and cure them. Oh, yes, and one more thing he might do. When he has discovered the causes—the community, environmental, or hereditary causes—he might go out into the great society which is the recruiting ground of our human material and tell its members how to keep from us. We penologists are the only people for whom poor business means success. When our customers stop doing business with us and attend the clinic, the hospital, the vocational school, the social center, and the churches instead, it will be the happiest act of some future warden to tack up on his front gate the sign: "Closed. Going out of Business."

Hopeful developments, then, lie ahead of us. Those of us who have been recently working with the Federal Prison System are greatly encouraged at the readiness of the President, the administrative departments, and both Houses of Congress to coöperate in a forward-looking solution of the national prison problem. The legislative program, which has passed the House and received the approval of the Judiciary Committee of the Senate, calls for an extension of the Federal Probation System; a new Board of Parole with a scientific parole supervision; a diversified prison-labor program along Government-use lines; the establishment of a penitentiary in the Northeast and a reformatory in the Southwest, and a general hospital for defective delinquents and criminal insane in the central part of the country; and a reorganization of the Federal Prison Bureau with power to classify and transfer prisoners, to set new standards for county jails and exercise closer control over Federal construction, and to utilize the services of the Public Health Service in building up an adequate medical unit in

each of our Federal institutions. These substantial increases in appropriations have been given or promised.

Our great problem, then, is to harmonize the police and custodial function of the prison with the educational and correctional function. It may be necessary to make this amalgamation tactfully and gradually, but in the long run there can be no substitute for intelligence. Scientific intelligence has revolutionized our mechanical civilization in the last century. If it can be applied with success in the fields of commerce, medicine, and sociology, it can be applied in correction with the more difficult and baffling problems of human nature.

As we ponder to-day whether we are likely to give too much attention to the individual prisoner, if we are still assailed by doubts as to the wisdom of spending our substance and our intelligence upon this difficult problem, I commend the reading of a remarkable document written by Judge Josiah Quincy, Judge of the town of Boston, Massachusetts in 1822, handed to me by my friend Herbert Parsons, Godfather of Probation. In this Judge Quincy says:

"The more vicious, the more base, the more abandoned the class of society on which any department of justice acts, the more and the weightier is the reason that those who administer it should be elevated above all interest, and all fear, and all suspicion, and all reproach. Everywhere the robe of justice should be spotless; but in that part where it is destined to touch the ground, where from its use, it must mix with the soil, there its texture should contain and preserve whatever there is of celestial quality in human life and conduct, there, if possible, its ermine should dazzle, by exceeding whiteness; and be steeped, *not only with the deep fountain of human learning*, but be purified in those heavenly dews which descend alone from the source of divine and eternal justice."

Finally, we must be ready to assure ourselves and convince the public that in the adoption of this future program of prison management there will be no diminution in the insistence on strict law obedience and enforcement. A complex civilized community must have rules for conduct, and rewards and penalties for their observance or defiance. Whatever we do, let us do it quickly and accurately, impartially and justly. It is surely better to do a little promptly than a lot some time in the future.

But when we punish, or treat, or prevent, let it be

scientific and intelligent and productive. It must also be made clear that science is not synonymous with leniency of treatment. The psychiatrist, with his insistence on accurate diagnosis and prompt segregation of incorrigibles—not to make them suffer, but to protect the law-abiding—is much less lenient than his critics may be in their unreasoning prejudices and preconceptions. We must be prepared to demonstrate that corrective and reformatory treatment is in the long run protective. We must keep close watch upon its results to see that it is. One of the most searching questions that can be faced may be stated in these terms: Which is the most important to society as a whole, to attempt to reform on humane terms the 90,000 men and women now in our state and Federal penitentiaries and reformatories, or, through fear of punishment, to attempt to deter the 120,000,000 still on the outside? It is my firm conviction that we can do both. Punishment may be so devised as to be at once protective, corrective, and deterrent. It is punishment to the tramp or hobo to give him a bath. It is punishment to the shiftless boy to send him regularly to school. It is punishment to the loafer or parasite to make him earn his bread by the sweat of his brow. It is punishment to the non-supporter to make him support, instead of sending him to jail where he cannot support. And it may not be too idealistic to say, as has so often been said, that it is a keener humiliation and disappointment to a thug who expects to be treated like a roughneck to treat him with the decency and consideration that perhaps he may not deserve.

There are many who will say that these are fine-sounding sentiments, they square with scientific discovery and research, they breathe the sentiments of the Christian religion, but they just don't work when applied to the members of the ganglands of Chicago and New York. This may be true. There is no nostrum or serum that always works. Furthermore, science teaches that there is sometimes a tolerance in a body, whether human or politic, against which no medicine can prevail. In such case the doctor or psychiatrist is apt to say, "Oh that we could have had this case earlier! This condition might have been prevented." And

so it may likewise be said as to the most vicious and abandoned member of a criminal gang.

So we may leave this problem of the future with the frank admission that even under the most favorable circumstances, the finest prison structure, manned by intelligent and devoted officers, with its inmates working steadily at productive labor and a staff of experts laboring with the individual problems, will not be entirely successful. Bad heredity, faulty environment, lack of opportunity, the warped personalities of its inmates will have made impressions too deep to be eradicated. But in the effort to do so, much material will be unearthed, many studies on personalities and causes of crime will be undertaken and completed that will be of inestimable value to society in the coming generations.

The prevention of crime in the future is more hopeful than its cure in the present, and this is a task, not only of the prison, but of the whole community. When one wants a statement of dramatic and convincing power with reference to any of our social ills, he can often find it in the pages of that great English penologist, Charles Dickens, who has said:

"Who turns his back upon the fallen and disfigured of his kind, abandons them as vile, and does not trace and track with pitying eyes the unfenced precipice by which they fell from good, does wrong to Heaven and man, to time and to eternity."

MENTAL-HYGIENE ACTIVITIES IN RUSSIA (U. S. S. R.) *

CHAIRMAN WILLIAMS: Dr. Rosenstein and Dr. Salkind have accepted our invitation to meet with us this afternoon and have signified their willingness to answer any questions in regard to mental-hygiene work in Russia that we may choose to ask them. Two short statements will first be read. The one has been prepared by Dr. Rosenstein, who is Director of the Scientific Institute for Mental Hygiene in Moscow. The title of this paper is *The Development of Mental Hygiene in the Soviet Union as a Public-Health Measure*. The second statement, *The Fundamentals and the Practice of Mental Hygiene in Adolescence and Youth in Soviet Russia*, is by Dr. A. B. Salkind, Professor of Pedology¹ in the University of Moscow. The two statements have been translated into English by Dr. J. Kasanin, of the Boston Psychopathic Hospital, who will read them.

Unless there is objection, I shall rule that these two papers are not open to discussion. I believe I interpret correctly the sense of the meeting when I say that it is not opinions and speeches from the floor that we desire, but an opportunity to hear the replies that Dr. Rosenstein and Dr. Salkind may make to our questions. Questions from the floor will be interpreted to Dr. Rosenstein and Dr. Salkind, who will reply in Russian. Dr. Kasanin will repeat the reply in English. Replies will be repeated in other languages if requested. I will ask Dr. Kasanin to read the statement by Dr. Rosenstein.

* EDITOR'S NOTE. The material here presented is a stenotype report of a special meeting to discuss mental-hygiene problems in Russia, held at the close of the First International Congress on Mental Hygiene. It was convened in the Small Ballroom of the Hotel Willard, Washington, D. C., on Saturday afternoon, May 10, 1930, at three-forty-five o'clock, Frankwood E. Williams, M.D. (United States), presiding. As the transcription has not been read by Dr. Rosenstein and Dr. Salkind, it may contain inaccuracies. Any corrections that may be necessary will be made in the report as published in the Transactions of the Congress.

¹ Albert P. Pinkevitch, President of the Second State University of Moscow, in his book *The New Education in the Soviet Republic* (John Day, 1929), speaks of pedology as follows: "Pedology is concerned with the psychological and physical development of the child from birth to maturity. It studies the biology and psychology of human growth."

THE DEVELOPMENT OF MENTAL HYGIENE IN THE SOVIET UNION AS A PUBLIC-HEALTH MEASURE

The development of mental hygiene or psycho-hygiene in the Soviet Union is closely bound up with the special conditions of public-health service, which in our country is based upon the principles of preventing disease and protecting and improving the health of the working masses, with a view to raising the psychic and physical value of every working man and woman, every one engaged in the building up of the new life.

From the very beginning of the revolution, Soviet medicine not only utilized all that was most valuable in the psychiatry of old Russia, but all the aspirations of our best social psychiatrists in the matter of the organization of psychiatric aid, down to the details of the internal system of institutional organization and the types of hospitals, were incorporated in the foundations of Soviet psychiatry. This entire work is carried out under the direction of the People's Commissariats of Public Health of the constituent republics of the Soviet Union and by the local health authorities. Special psychiatric sections and psychiatric councils are attached to the Commissariats of Public Health as well as to their regional and district offices. Psychiatric aid in the treatment and prevention of mental disease, and medico-pedagogical treatment of problem children and the mentally backward, are administered in psychiatric clinics, sanitariums, dispensaries, special colonies, and schools for the psychopathic, the feeble-minded, and the epileptic.

The personnel of these institutions are accorded special treatment in the matter of working conditions, the main features of which are the six-hour working day and from one and a half to two months' vacation every year.

Attached to each institution is a social-service organization in the form of a committee for the improvement of working and living conditions. There are large committees for mental hygiene in the urban centers, in whose activities the working masses participate. All questions as to whether or not any given individual is mentally sick and whether or not he requires aid, guardianship, or medical care, are entrusted entirely to the psychiatric organization. In general,

psychiatry is very widely utilized for consultation purposes. The Soviet criminal code grants wide scope to the organs of the public-health service for intervening in cases of nervous and mental disorders in defendants, as the penal policy of the Soviet State is based not upon the principle of punishment, but upon preliminary measures of social defense and correction. Hence, nervous and mental study is required to insure the correct application of measures of public defense.

In cases of nervous or mental diseases, the prisoners are dealt with by the special legal psychiatric committees. This gives a tremendous opportunity for the study of the personality of the criminal. In order to insure a thorough study of the defendant, there are special institutes of neuropsychiatric experts. Defendants facing trial, as well as prisoners serving terms, are immediately released from jail and transferred to mental hospitals in case there is any question of mental abnormality. When recovered, they do not go back to jail, but are released back to the community. For psychopathic personalities special institutions have been provided. Jails and houses of correction have mental-hygiene clinics, which conduct periodic examinations of the prisoner population, and have the right to make recommendations that must be carried out by the executive staffs of the various institutions. Delinquent children are never tried in courts, but are referred to a special educational committee, the members of which are psychiatrists, judges, and teachers. There are about 300 of such juvenile courts in Russia.

The treatment of mental disease is closely allied to their prevention, so that a large number of preventive clinics have been established in Russia. We have also district mental-hygienists and mental-hygiene clinics in the out-patient departments of the general hospitals. The public health, including mental hygiene, is a potent factor in the new legislation in Russia. It is interesting to learn that mental-hygiene experts have been asked to give advice in connection with the construction of model Soviet Socialist towns.

As a result of the extensive development of mental-hygiene clinics, we have periodic mental-health examinations of large groups of the population. In connection with this, we have a large number of special hospitals, preventoriums, and rest homes. Mental hygiene at present pays special attention to

children, adolescents, workers working in dangerous occupations, medical personnel, and certain groups of peasants. It is an interesting fact that mental hygiene pays special attention to the students in universities and also to teachers, with the aim of helping them secure a better adjustment to the difficult work in which they are involved. The mental-hygiene clinics carry out extensive studies of the workers in industry and make out detailed reports on individual workers, which are called sanitary passports, giving the worker the best opportunity to adjust to industry and giving the industry an idea of the individual's special abilities and inclinations, as well as his defects. Mental hygiene should not limit itself to dramatic exhibitions of occasional successful cures of the various neuroses. The mental-hygiene clinics have been able to note the early development of psychoneuroses as a result of difficult environmental conditions. Personality changes have also been noticed as a result of difficult and unsatisfactory industrial conditions.

In all large cities a great deal of attention is devoted to the study of the pathology of labor, industrial fatigue, special fitness, vocational guidance, and so forth. Special attention is paid to the individual in relation to his work in the conditions of his home life, sex life, and his personality, and mandatory recommendations are given out tending to improve the status of individual workers. We have found that it is not work that hurts the individual, but the conditions under which it is carried out. This of course applies also to intellectual work. So-called nervous breakdowns and cases of overwork are usually the result of a tremendous emotional exertion and not of the physical effort expended. All this work is being carried out by a large number of special clinics and institutes, not as a hobby, but as a result of the requests of industries and their managements.

We feel very definitely that the most important thing to be done in industry is the rationalization of labor, with removal of the emotional factor, vocational selection of the employees, proper medical examination, including psychiatric review of the personality, and the organization of the workers into small groups in which they can help each other to secure better adaptation to their work and life. This work is carried out by many agencies, which are headed by the author's insti-

tute. The whole mental-hygiene movement in Russia has completely revolutionized the concept of psychiatry in the direction of medical, biological, and social-hygiene discipline.

DR. KASANIN: The second paper is by Dr. A. B. Salkind, Professor of Pedology in the University of Moscow. He occupies a very important position in Russia, being Chairman of the Russian Neuro-psychiatric Society, as well as of the Russian Society of Educators. His work has been mainly in the direction of establishing a close alliance between psychiatry, mental hygiene, and the various fields of education.

THE FUNDAMENTALS AND THE PRACTICE OF MENTAL HYGIENE IN ADOLESCENCE AND YOUTH IN SOVIET RUSSIA

This short account of our work is an introduction to a more detailed report, and I hope you will utilize it for asking questions which I shall be very glad to answer.

Our concept of mental hygiene is as follows:

There is no such thing as a separate hygiene of the mind or of the emotions. There is, however, a hygiene of the personality as a whole, with inseparable mental and physical elements, in constant interplay with each other. Thus mental hygiene is really personality hygiene, and so is not only a therapeutic and defensive discipline, but also an educational method. Mental hygiene is, in other words, a combination of hygiene and education. Thus the fundamentals of education in childhood also become the principles of hygiene. It is absolutely futile to separate the two. Everything that helps the fullest development of personality also helps the hygiene of the individual.

The fundamental principle of education in Russia is the tendency to *collective* education. It is the fundamental quality in the organization of the external and internal discipline of the individual that helps the proper distribution of the nervous activity throughout the organism. This collectivism helps one to get rid of harmful egocentricity and to inhibit the individual tendency for the sake of the common good.

Not the least important principle in the mental hygiene of childhood is the principle of *activity*, in all its manifestations. The early feeling of responsibility, the participation in doing things for somebody else, the early training in methods of

work, and the connection of the work of the child with the activity of the adult—all this leads to the development of qualities of will, to a better psychic and physiological stability, and thus to a more creative part in actual life.

It is beyond doubt that psychopathological deviation in childhood is due to lack of adaptation to one's own life work. The main thing about the work is that it should be of some use to the group that surrounds the child, establishing a relationship between the group and the work.

A fundamental point in mental hygiene, we believe, is a *complete separation of religious activity from education*. Religious preoccupation interferes, in our opinion, with other forms of cortical activity; it interferes with the development of the realistic point of view of life; it increases one's introspection, weakening the whole psycho-stability of the individual by substituting faith for a critical analysis of the environment. The struggle against the admixture of religion in education is one of the cardinal points in the mental-hygiene movement in the Soviet Union.

In order to carry out the three above named principles in practice, a system of *socialistic education* becomes necessary. The proper environment of the child, in close contact with the working community which is endeavoring to create values for the whole commonwealth, means the fullest development of the personality of the child. An organized pioneer movement becomes thus a powerful mental-hygiene movement, which is competent to deal even with such problems as sexual maladjustment and special psychopathological manifestations.

There are three conditions that are necessary for carrying out our system of education into practice:

1. The inclusion of hygiene into education.
2. The proper physical and athletic development of the child.
3. The control of the environment of the child, both in school and in the home.

In carrying out these conditions, the work of the physician, of the teacher, and of the pedologist go hand in hand. There are three types of institution for training personnel for this

work: (1) the public-health stations for children, which study the physical status of the child; (2) the pedagogical laboratories, where the child is studied by educators and psychologists; and (3) parent-teacher consultation centers, where advice is given to both teachers and parents.

In the mental-hygiene of childhood sexual adjustment becomes the pivotal point. This is solved in accordance with the following principles:

1. Sexual education of the individual should begin in early childhood.
2. Sexual education should be a part of the general education of the child.
3. Sexual information should be given as a part of the general information given to the child and not specially stressed, so that when the child graduates from school, he will have fair and accurate information about his own sex life.
4. The fundamental point in sexual education is an understanding of the importance of the group, in order to keep the child from too much interest in his own sexual organization.

The education of the *difficult child* should not be any different from the education of the normal child, the only difference being a greater degree of individual attention to the child. The difficult child is usually a product of an unsatisfactory environment and not the result of biological factors. The psychoneurotic child is often a very gifted child whose nervous energy was improperly utilized in an unsatisfactory environment and conditions.

In order to train mental-hygiene personnel for work with children, the medical schools and the training school for teachers have special curricula. We have fifteen training centers of this type. Special clinics have been developed to deal with the psychopathology of children, and special schools. The central government has special advisory committees dealing with the education and hygiene of children. Moreover, the secretariat of public instruction has a special research committee which advises as to the organization of work for children.

QUESTIONS AND ANSWERS

DR. B. LIBER (New York City): 1. Is medicine in Russia fully socialized?

2. What about prostitution in Russia? Does it still exist and to what degree?

3. Is it possible to know at present whether the social adjustment to new conditions after the revolution has resulted in many unadjusted people, and whether this is reflected in the number of mentally diseased, the type of disease, and the like.

DR. ROSENSTEIN (translated by Dr. Kasanin): In reply to the first question, practitioners of medicine in Russia have become more and more interested in public health and the prevention of disease in everybody—the working people and the whole population—and so it becomes a socialistic measure, as any tendency of medicine that is directed toward the prevention of disease is socialistic medicine. So far as the individual practitioners are concerned, there are a few individual practitioners, physicians, who are allowed to practice medicine if they choose to do so.

As to the second question, there is much less prostitution than previously. As a matter of fact, there is very little prostitution, and very little active work to abolish it completely. There are special opportunities for social adjustment provided for women who are prostitutes. Prostitution is found mostly among people who have had difficulty in adjusting themselves to the new régime in Russia, who have not been able to adapt themselves to new social conditions; also among victims of the World War, and those who have suffered tremendous experiences as a result of hunger, war, revolution; also occasionally among children.

DR. ARIE QUERIDO (Leyden, Holland): I want to ask if there are private educational institutions in Russia, or if all education has been taken over by the government.

DR. SALKIND (translated by Dr. Kasanin): There is no such thing as private or public instruction in Russia. All is in the hands of the state. All educational institutions are under the state.

Two questions were asked previously about the maladjustment of the individual under the new social order. Dr. Salkind desires to add to the reply made by Dr. Rosenstein. The people found to be maladjusted, or who have adjusted themselves poorly, are those who lost most during the revolution. It is very curious that the large masses of people have found a tremendous amount of plasticity within themselves to adjust to the new conditions. The situation in the army is particularly interesting. In the old days in Russia the army had a large number of cases of psychoneurosis, the kinematic neuroses, and so forth. At the present time there are very few cases of psychoneurosis or mental disease in the army.

DR. C. MACFIE CAMPBELL (Boston, Massachusetts): I should like to ask about the districting of Moscow into the thirteen or fourteen districts. Is there one psychiatrist who is sent out, should there be trouble in the home? That is the type of organization Dr. Toulouse has in Paris, I believe, but I do not know about Moscow. I believe that in Moscow they can have a district psychiatrist sent out. I should be interested in knowing something of the organization of psychiatric work.

DR. ROSENSTEIN (translated by Dr. Kasanin) : The fourteen district committees about which Dr. Campbell inquired have been expanded into forty public-health units, and in each one of these, located in the various districts of Moscow, they deal with the population at large. In these forty district units there are employed ninety-seven psychiatrists, and fifteen district physicians. These physicians combine work in the dispensary, in the out-patient department of the mental-hygiene clinic, with what is commonly called here psychiatric social work and the work of forty-one psychiatrists who are dealing with alcoholics, who, of course, constitute quite a problem in Russia as everywhere else.

The tendency of the mental-hygiene movement in Russia is to go beyond the clinic, the sanatorium, or preventorium, to get the people themselves interested in the work in industry, in schools, in clinics, and to give opportunity to the individual to have a psychiatric consultation before he develops any symptoms of mental disease, and to get advice in his own personal problems.

Dr. Rosenstein has an announcement that is posted in most of the factories in various parts of the district [exhibiting large poster]. This is an announcement of the Institute. At the top of the page is the announcement :

"THE STATE SCIENTIFIC INSTITUTE OF MENTAL HYGIENE"
and then in black letters :

"In order to protect the mental health of the workmen, the Institute has opened a Central Mental Hygiene Consultation Clinic to which you may go for advice from the physician on the following :

- "1. Fatigue, nervousness, and how to deal with it.
- "2. How to stop smoking and drinking.
- "3. Sex life and health; the hygiene of marriage.
- "4. Marriage and children for those who intend to get married.
- "5. The selection of a profession.
- "6. Work and rest.

"The patients are seen in the clinic every evening from six to eight.
"The clinic has an exhibition of material in connection with its work."

CHAIRMAN WILLIAMS : There was one other element in Dr. Campbell's question and that is : Are psychiatrists on call? May one send for a psychiatrist in a psychiatric situation, as one sends for another physician, or are these matters merely cared for at the clinic?

DR. ROSENSTEIN (translated by Dr. Kasanin) : The district psychiatrist is always on call. During the day, when not busy, he is in the operation department or mental-hygiene clinic; throughout the rest of the day he is supposed to be on call. However, sometimes a psychiatrist may be quite busy or not able to answer the call. There are in Moscow several first-aid psychiatric stations where two psychiatrists are on duty, so in case the local district psychiatrist cannot be reached, one simply telephones the first-aid station, and the psychiatrist is sent out to render whatever help he can give to the family.

MR. MARK PLAVNICK (Washington, D. C.) : Without any desire to improve on the translation, I should like to remind the doctor that he forgot one particular point, and I want to bring it out.

Dr. Rosenstein made it very clear—and it is important to note right here—that the psychiatrists are in constant touch with all

the industries of Russia. By this I mean to say that they visit the factories and observe conditions, since they have great faith in preventive measures rather than curative measures. They visit the industries constantly, in an effort to eliminate the factors that may distort the mind and produce neuroses.

DR. A. ETTLESON (Chicago, Illinois): Do psychiatrists in Russia consider that religion is or is not essential to a proper integration of the personality?

CHAIRMAN WILLIAMS: The same question is put in this way by Mr. Harry Greenston, of Baltimore:

"At this morning's session we heard much about spiritual values in relation to psychiatry. Do I understand that Russia has divorced religious ethics and religious teachings altogether in its development of psychiatry?"

DR. SALKIND (translated by Dr. Kasanin): Dr. Salkind acquaints his audience with the resolution recently adopted at the meeting of the Russian Behavior Congress which was held in Moscow three months ago. It was felt there very definitely, by the members of the Behavior Congress, that religion in its various manifestations is a rather harmful factor for the development of the individual, in the sense that it interferes with the adjustment of the individual to reality. It creates a certain amount of fear in the individual. It allows the individual to adjust himself to reality, but perhaps in an adjustment that is not altogether desirable. It hastens the development of a compromise, and the religious matters interfere with interests in other fields of human activities. The essential point of view is that religion is to be considered as a psychopathological phenomenon.

DR. I. M. RUBINOW (Cincinnati, Ohio): 1. Is the movement for mental hygiene in Russia sufficiently strong to exercise any influence over the social policy of the Russian Government in shaping its attitude to those rather large classes in which social unadjustments might occur—namely, many groups of so-called "declassed" citizens?

2. What is the attitude of the mental-hygiene movement in Russia toward the methodology of enforced socialization of agriculture, in view of the definite attitudes that must have existed in 120,000,000 Russian peasants? If socialization within one year would change the entire social and economic setting of some 50 per cent of the Russian peasants, what is the mental-hygiene result of that likely to be?

MR. ISADOR HIRSHFIELD (Washington, D. C.): I want to add to that question: How much of the personality adjustment is due to pressure, the same kind of pressure as pure dynamic pressure?

CHAIRMAN WILLIAMS: Dr. Rosenstein would like to go back a moment to the question asked in regard to religion.

DR. ROSENSTEIN (translated by Dr. Kasanin): There was once a religion in Russia, and it had a useful social function. However, for the past twelve years Russians have been living under altogether different conditions. There has been a wide extension of social life, a change in the social life of the masses, and at the present time religion is a hindrance in the development of mental-hygiene work in the population. In that sense it becomes very harmful and is looked upon as a pathological phenomenon.

DR. SALKIND (translated by Dr. Kasanin): Dr. Salkind replies to the first question on the relationship of the revolution to mental

health. Many have looked upon the French Revolution as a very unhealthy phenomenon, a pathological phenomenon, but from the point of view of Dr. Salkind it was a healthy phenomenon, although temporarily many neuroses may appear as a result of large masses of the population undergoing tremendous changes in modes of living. Still the revolution as a whole has been so fruitful that perhaps it is worth while to pay the price of the neuroses that have developed as a result of it.

As a matter of fact, mental-hygienists in Russia are in complete accord with the government policies and approve the régime and the various methods taken by the government.

In regard to the questions about agricultural conditions in Russia, the tendency toward collectivization of the peasants and the formation of large industrial agricultural units produces good results, but also a large number of neuroses.

I suppose you know from the information in the papers that the tendency toward collectivization of the peasants into large agricultural units has been greatly modified lately in Russia. It is going with much slower, surer pace, so that the opportunity for the development of neuroses in this connection has also been modified a great deal.

MISS ELIZABETH SEEBURY (Cincinnati, Ohio): How do crimes against property compare now with before the revolution? What are the figures as to the total crime now as compared with before the revolution?

DR. ROSENSTEIN (translated by Dr. Kasanin): The question of crime is one of great interest for mental-hygienists in Russia. During the critical years of the revolution, crime, of course, received a tremendous impetus. However, for the past few years crimes against property have been greatly diminished. Crime against property is found mostly in connection with alcoholism in the form of occasional outbreaks of bad behavior as a result of intoxication.

When prisoners are investigated, it is found that about 40 per cent of them belong to the class of the so-called "psychopathic personalities". The rest of them are usually people who lost a great deal during the revolution and wish to compensate themselves for the losses they have sustained in their misfortune. However, so far as crimes against individuals are concerned, they are certainly much fewer in Russia than in other European countries.

DR. CATHERINE BACON (Chicago, Illinois): What is the view of Soviet psychiatrists as to the function of the parents in the life of a child?

DR. GEORGE M. LOTT (Denver, Colorado): Is the rôle of the parents in the behavior problems and mental hygiene of their children to be supplanted by state bureaus or clinics? This question is based on the reported ease of divorce and the present instability of the family group in Russia.

DR. SALKIND (translated by Dr. Kasanin): The reply to the first question is as follows: Many families have been disorganized and disrupted, and those families suffered most which were not able to adapt themselves to the new social conditions. In these families you find a great deal of discord between the child and the parent. In such families the child very often prefers the authority of his own comrades, his school committees, his school-teachers, his leaders, to

the authority of the family. Such a child is poorly adjusted to his own family. However, in the new family which has been able to adjust itself to the new local conditions, the child is in much greater and better harmony with his parents and is able to get along with them ever so much better.

As to whether the clinic will become a substitute for the parent, Dr. Salkind feels very definitely that all this talk about the dissolution of family life is humbug and absolutely untrue. The family is the most important unit in Russia as everywhere else. It is important to remember that individual work with the child is possible only in conjunction with work with the parents and teachers. Family life is very stable in Russia in spite of the absolute freedom of divorce.

DR. C. MACFIE CAMPBELL (Boston): We understand that all adolescents in Russia are given tests for vocational guidance. We also understand that the adolescent is compelled to enter the vocation for which the examiners consider him best fitted. Is this true? What latitude of choice has the adolescent in the selection of his profession or vocation?

DR. SALKIND (translated by Dr. Kasanin): The question of tests has undergone a very thorough revision in Russian education. It was found that there is too much mechanization and too much standardization in the matter of special intellectual and vocational tests. The child is studied as a whole. His entire dynamic situation is studied very thoroughly, and then advice may be given which the child may or may not follow. The most important thing is to find out the direction of the child's interests and then to give him a free opportunity for the choice of a profession or vocation along the lines that interest him most.

CHAIRMAN WILLIAMS: Here is a question that I think will require but a brief answer. It is sent up in a sense as a private question to be passed to Dr. Salkind, but it is one that will interest us all, so without reading the name, I will ask the question, which is: "Will I be able to see something of the functioning of the psychiatric clinics and of the penal and educational systems when I am in Moscow next October?"

DR. SALKIND (translated by Dr. Kasanin): This question was answered a few days ago by Dr. Williams when he said that Russia is more willing to admit foreign scientists to Russia than America is to admit Russian scientists to America. It was on account of the technical difficulties of admission that the Russian representatives to this Congress were detained for several days in Berlin and were late to the Congress.

DR. A. YEGHENIAN (New York City): Has the new social order helped to reconcile some of the conflict of sex vs. culture which creates so much mental difficulty in our civilization?

DR. SALKIND (translated by Dr. Kasanin): The whole question of the relationship of sex to culture has been considered with extreme seriousness in Soviet Russia. At first it expressed itself in a very painful, difficult crisis. The whole question of the relationship of sex to society has been thoroughly revised after a great deal of experimentation in both directions. Beginning in 1920, a new positive step in the direction of revision was formulated. This step is now characterized by a very free, unrestrained relationship of the

sexes, much more unrestrained than it is anywhere else. On the other hand, together with this, there is a tremendous amount of personal puritanism which is very closely akin to the puritanical ideals of the Pilgrims. It is felt very definitely that too great preoccupation with sex has been gotten rid of by providing outlets for activities in all forms of social building up, in all forms of social activities, so that an individual's interest in too much personal sex life has been utilized for other more highly social purposes.

I do not know whether I have rendered all the shadings of Dr. Salkind's answer.

MR. MARK PLAVNICK (Washington, D. C.): I feel that this question deserves a great deal of consideration and I feel that Dr. Kasanin has failed to interpret some of the shades of Dr. Salkind's thought. I should like to add a bit to the interpretation. The world is full of this Russian sex stuff, and we ought to make this point clear once and for all: Russia, like any other country, of course, in its pre-revolutionary days engaged in promiscuity and overindulgence, but the consciousness of Russia's youth in relationship to the present state of affairs, political and economic, has produced more responsibility and has eliminated promiscuity.

Russia's youth is busy adjusting itself to a new era and hasn't the time for sex overindulgence. It is applying itself to the greater problems that engage Russia to-day.

Speaking about it as a mechanism, as a mechanism designed by the government to produce this particular reaction, no one particularly sat down and doped it out. It was not a question of a government revision of plans. The very life has produced an understanding of the subject.

CHAIRMAN WILLIAMS: Pardon me, I thought you were going to add a bit to the shades of meaning of Dr. Salkind, not to make a speech. We are asking Dr. Rosenstein and Dr. Salkind to answer questions, and we can't have any speeches from the floor.

MR. PLAVNICK: All right! Thank you!

MISS EDITH WELLER (New York City): What training is demanded of a physician to entitle him to practice as a psychiatrist? What training is offered for and what qualifications are demanded of psychiatric social workers?

DR. ROSENSTEIN (translated by Dr. Kasanin): The training of psychiatrists in Russia consists of the following:

There is a five-year course in medicine which gives the physician a degree. Following this, in order to be a qualified psychiatrist, one has to have three years' training either as a house physician in some mental hospital or in a specially organized psychiatric clinic.

So far as the training of the psychiatric social worker is concerned, she must be a high-school graduate and have a three-year course in a special school for social work. By the way, social workers are called in Russia, in a literal translation, "sisters of social aid". Russia needs such a tremendous number of social workers that extensive measures are being taken to make the course shorter, unfortunately, and to provide for a large number of young women taking the course.

Social aid is carried out by (1) men and women workers and young people, not as a matter of duty, but as voluntary social work, and (2) special "social-aid nurses". Both categories investigate living

conditions, visit courts of law, schools, and factories, and give advice of a most varied nature, on behalf of physicians. In addition to research work and the care of the sick, they work in special committees attached to institutions for the cure and prevention of disease, so-called committees for rendering working and living conditions more wholesome, which are concerned with the improvement of workers' living conditions in connection with health protection. The social-aid nurses gather material for anamneses (case histories), in various hospitals and information from all sources to assist in diagnosis. In the course of the treatment the nurses visit the sick, endeavor to influence their relatives with a view to aiding in effecting a cure, and see to it that the patients follow the physician's advice. For work as a social-aid nurse graduation from a medical technical school (a two-and-a-half-year course of study) is required. There are special departments of the medical technical school which train social-aid nurses. The social-aid nurses receive special training of a psychiatric nature in the neuropsychiatric department of the school for prophylactic medicine. While they belong to the intermediate personnel, they receive higher salaries, not exceeding, however, the salaries of nurses caring for patients afflicted with mental disease.

There is a crisis in the field of medical education in Russia just as everywhere else. The tendency at the present time is to have the whole medical curriculum split into three divisions, so that after a student finishes medical school, he can, at the expiration of a five-year course, become a public-health physician, a general family physician, or a pediatrician. Perhaps opportunity will be provided for neuro-psychiatrists, so that when a man has completed this course he will be qualified to teach psychiatry. As everywhere else, there is a tremendous shortage of mental-hygienists and psychiatrists in Russia.

CHAIRMAN WILLIAMS: In regard to the incident in connection with the translation a few minutes ago, I think any of us who have had any experience in dealing with a foreign tongue realize how difficult—in fact how almost impossible—it is to translate shades of meaning into another tongue.

I have no way of knowing how ably Dr. Kasanin is doing, as I do not understand Russian, but my impression certainly is that he is doing a very able job and an exceedingly difficult one. There are those in the audience who do understand Russian and who, therefore, can catch the subtleties and shades of meaning in the speech of Dr. Salkind and Dr. Rosenstein. Naturally they feel sensitive to the fact that all of these shades of meaning are not got over by Dr. Kasanin in his necessarily very quick interpretations. Those of us who do not understand Russian must realize that even with the best efforts of an able interpreter, we do not necessarily get always the precise thought of these men, probably only a rough outline of what is in their minds. This is true always in interpretation and here, as in all other instances, it is well to remember in going from one language to another that an opinion to which we would seem to take an exception may not, because of lack of shading, have been thoroughly understood. In controversial questions it is well to reserve an unfavorable opinion as the burden is upon us in being sure first that we have understood precisely. It is an easy slide from the sub-

junctive of one language into the indicative of another, and that can make all the difference in the world. (Applause)

DR. SCOTT (Boston): What improvements have been made in methods of educating medical students in psychiatry? Is it becoming easier to interest students and physicians in psychiatric work and, if so, how has this been brought about?

DR. ROSENSTEIN (translated by Dr. Kasanin): I partly answered this question before when I said that just as everywhere else, there is a tremendous crisis in getting a sufficient number of students to become interested in psychiatry. Every effort has been made in Russia, but with the development of mental hygiene throughout the Union, there is a shortage of the proper personnel.

When the delegates left Russia, they stopped in Germany and France to find out what has been done in those countries to attract a larger number of students to the courses in psychiatry and mental hygiene, and they found that the German and French psychiatrists had the very same problem on their hands.

As a radical method in this problem, Russia is trying to introduce an obligatory course in psychiatry for all physicians who wish to take a postgraduate degree, especially in public health. There is also intensification of the teaching of psychiatry in the medical schools in order to arouse a greater degree of interest in psychiatric problems.

CHAIRMAN WILLIAMS: I am sure that Dr. Rosenstein and Dr. Salkind must begin to feel fatigued. I have a few more questions here which I will put and let us say that the period will be closed for receiving questions in the next two or three minutes. If you have any, send them up now and we will then close the period for receiving questions.

MISS IVES (Washington, D. C.): Is the development of the artist allowed to be free and individualistic, even though that may mean an escape from reality, or must the artist create for the benefit of the social group?

DR. SALKIND (translated by Dr. Kasanin): There is no such thing as art for art's sake. Art has always been created for somebody else. There was always a social purpose, a social philosophy in art. The only difference now in Russia as compared with past years is the fact that the artist creates things consciously for others whereas he may have done it unconsciously before. The artist at the present time, if he wishes to create for art's sake, is likely not to be interfered with by anybody. Nobody hinders his development or artistic effort. The only thing is that his audience, the large masses of people, do not appreciate him or understand him. His point of view is strange to them. His philosophy is misunderstood, so he is not able to achieve the same degree of recognition that he may have received previously under different conditions.

MISS MABEL F. MARTIN (West Springfield, Massachusetts): 1. In the Russian school system to what extent may a child choose its own program of study?

2. What provision is made for special interests and talents in children?

3. May a child be relieved of studies that prove too difficult for him to succeed in?

DR. SALKIND (translated by Dr. Kasanin): The first year after the

revolution, the child was allowed to pick out his own subjects—those in which he was especially interested. However, as a result of the experience of the last few years, it has been found necessary to provide an extended curriculum in the schools in which the student is allowed to have a certain amount of freedom; that is, he is given a standard program, a standard course, and then within this program he may have a certain amount of choice.

When it comes to the especially gifted child, it was found out that it was not advisable to have special schools for gifted children because the great public-school system ought to give a sufficient amount of opportunity for the development of the exceptional child. The segregation of the exceptional child is rather harmful both to his intellect and to his emotional plasticity. (Applause) There may come a great many conflicts which later on he may not be able to solve. (Applause)

MRS. ANDRÉ UZEL (Paris, France): What is the attitude taken by the Soviet government as to the harmfulness of tobacco and alcohol?

DR. ROSENSTEIN (translated by Dr. Kasanin): Dr. Rosenstein answered the question about alcohol, but not about tobacco, I suppose because he smokes himself. (Laughter) The question of alcohol is occupying the attention of the government as well as of the mental-hygiene service. It is a serious and difficult problem. In Russia they have been through much the same stage that America is going through now. There was a movement for prohibition and prohibitive legislation went on for several years, but it was found harmful. A great deal of grain was wasted in making vodka illegally. Measures of a different character are now being taken, largely educational instead of prohibitive.

Alcohol is considered a stimulant and it is believed that the revolution and the new forms of life will provide a sufficient stimulant, sufficiently interesting outlets to distract people from alcohol, and eventually, with the masses taking more interest in a new life, that they will gradually be able to rid themselves of alcohol as well as of various narcotics.

MISS MARGARET SMYTH (Stockton, California): If you have all these public-health-center advantages, what are you doing to rehabilitate the old people mentally?

DR. ROSENSTEIN (translated by Dr. Kasanin): Various public-health units have charge of the constituents in their district, and if a man is found to be disabled, the state makes provision for the care of the man either in an institution or else by giving him a pension which will enable him to carry out his life activities. People who reach a certain age are automatically given a pension without any medical examination.

MISS A. KAPLAN (New York City): Just what are the functions of the sisters of social aid?

DR. ROSENSTEIN (translated by Dr. Kasanin): At first the sisters of social aid, which correspond to our social workers, were not given any instructions as to what they should do, but they gradually were able to find their own place in the social structure of the Russian commonwealth. For the past few years there has been tremendous development of social work in Russia. In the first place, they take their part in the organization of the environment; they study questions of housing, of working conditions in factories, and so forth.

Lately there has been penetration of social work into the intricate and delicate spheres of family relationships. The social worker works with the parent, the child, the parent-child relationship, the student, and the child-teacher relationship. They have also been asked to help out in the various medical functions of the clinics.

The greatest function that they have performed lately has been the tremendous educational work that they have been carrying out among the large masses of population. As you know, one of the most important functions of public health, including mental hygiene, is the education of large groups of people. The social workers have been able to get into very close personal touch with the various groups and explain to them their part in the field of public health and mental hygiene. So gradually there has been a tremendous development of social work in all fields and all forms of social activity in the Soviet Union.

CHAIRMAN WILLIAMS: There is but one more question. It relates to a subject that has an important bearing upon mental hygiene, but is still somewhat apart. It is a question that could be discussed at length, but I will just ask for a brief answer. The question is submitted by Miss Martha G. Holderby, and it is: "What about poverty in Russia?"

DR. ROSENSTEIN (translated by Dr. Kasanin): Russia is undergoing a very intensive period of social reconstruction, of socialistic organization. However, Russia is not one gigantic commune, as you would like to imagine. This being the case, there is some poverty in Russia. It is mainly confined to those who are not able to adjust themselves either to local conditions or is poverty left over from the old conditions in Russia.

It is hoped, of course, that with the intensification of socialistic construction, this problem will take care of itself just as will the whole question of monetary exchange. However, there is very little unemployment in Russia, largely due to the fact that there is a tremendous amount of construction going on in various Russian cities, a tremendous amount of organization, of intensive work and creative effort, so that everybody able to do anything is able to participate in this gigantic Russia of a former empire.

CHAIRMAN WILLIAMS: In closing this meeting, may I say just a word? I think we all feel greatly repaid for coming here, and I, as Chairman of the Program Committee for the Congress, am deeply indebted to Dr. Rosenstein and Dr. Salkind for what they have done here this afternoon.

When I began my work as chairman of this committee and began to think of individuals and pieces of work throughout the world that we might draw upon for this Congress, it was not difficult to think of work going on in many places, particularly in the fields of neurology and psychiatry. But mental hygiene is not alone neurology and psychiatry. Mental hygiene is neurology and psychiatry and psychology at work in the social field. Therefore, to my mind at least, there was no question but that if possible we must have some one here to represent Russia, where, apparently, from what information was available, more social experimentation was going on than anywhere else in the world at the present time.

It has not been easy to get these two gentlemen upon this platform

in Washington, but as I look back now at the difficulties involved, I am very glad that we went through them, because I do believe that regardless of any of our personal points of view as to the political and social philosophy of Soviet Russia which we can at least put aside for the moment, so far as psychiatric and mental-hygiene work is concerned, we have much to learn from Russia, and I feel that we have gained much here this afternoon. I think we cannot appreciate too highly the directness, the obvious frankness of the answers we have received here this afternoon from these two very fine and gracious gentlemen, Dr. Rosenstein and Dr. Salkind. (Applause.)

Dr. Rosenstein addressed the audience in Russian. (Applause.)

DR. KASANIN: I am sure that I am in no position to express the warm feeling Dr. Rosenstein has expressed to the First International Congress on Mental Hygiene, and to the President of The National Committee for Mental Hygiene, and to Dr. Williams and Mr. Shillady for their interest since the organization of the Congress in getting them to come to the United States, and his thanks for the warm reception they have received here, the opportunity to meet other members of the Congress, to outline their own views, ideas, and the ideals that direct their work and to understand more fully the work that is being done in this country. (Applause.)

The meeting adjourned at six-fifteen o'clock.

COLLEGE MENTAL HYGIENE IN THE UKRAINE (U. S. S. R.)

DR. L. ROCHLIN

Chief of the Cabinet for Mental Hygiene, Kharkow; Assistant, Section for Social Pathology of the Ukrainian Psychoneurological Institute

THE mental hygiene of the intellectual worker is a very urgent problem in the Soviet Union. The work of culture is being carried out on such a vast scale and the army of intellectual workers is increasing so rapidly that the problems in this field call for special attention. Certain factors peculiar to this kind of work have an adverse influence upon nervous and mental health. Moreover, the population of the Soviet Union still feels the consequences of the war, of hunger and shock, so that much consideration is given to the protection of nervous and mental health and much effort is devoted to this end.

In developing the mental hygiene of the intellectual worker the Soviet Union is obliged to proceed almost independently, without the benefit of the experience of other countries. While the mental-hygiene movement has made great progress throughout the world, the mental hygiene of intellectual work has as yet received no great attention except in the United States. In the European countries, the work of mental-hygiene organizations is mostly concerned with childhood and youth, and takes more especially the form of school hygiene, mental testing, and the psychology of occupational selection, the study of various types of intellectual abilities and the practical criteria for gauging them being worked out in great detail. Meantime, little attention has been given to the mental hygiene of intellectual work in high schools and universities, or to the study of the various professions that require mental work, from the point of view of the prevention of nervous and mental disorders. In the development of this phase of mental-hygiene work, the U. S. S. R. is nearer to the United States.

As a result of the special social structure of the Soviet

Union, the mental hygiene of intellectual work has certain special features.

Investigation of the pathological factors that influence mental work, and thereby the nervous-psychical production of the workers, consists chiefly in the study of the mental work of the various intellectual professions. Under the conditions of modern social life, the pathology of work must needs be a professional pathology. In the course of its development in the U. S. S. R., the mental hygiene of intellectual work has become more and more the professional hygiene of mental workers. This has been in large measure determined by the great growth of the sciences of professional pathology and hygiene in the U. S. S. R. Of the various intellectual professions, those of the physician and the teacher are best studied in the U. S. S. R. Very interesting also are the efforts to work out the psychological characteristics and professional traits of the physician, the administrator, and the police magistrate. This has been undertaken by the Institute for the Scientific Organization of Labor in Kasan.

As a result of the detailed and many-sided study of professional intellectual work in the U. S. S. R., medical work in the Union is on a high plane in the fields of social and prophylactic work, and is carried on with great energy according to a fixed plan. Its efficiency and vitality are evidenced first of all in its chief method—that of clinics. This is the most far-reaching and thoroughgoing method of carrying on mental-hygiene work. In this short paper, we shall deal mainly with mental hygiene in the universities of the U. S. S. R. Though the work is as yet not very widespread, still the mental-hygiene consultation services in the universities are of great significance on account of their organization. The mental-hygiene consultation service in the Institute for Workers of the East (in honor of Stalin) was the first to be organized. It is directed by Dr. Tshernuha. This service was organized as a result of the fact that the neuropsychiatric clinic in Moscow was charged with tracing the poor success in academic work of a group of students to the state of their mental health. The work of this consultation service is most valuable, for the selection of new students is scientifically organized and based on medical, psychometrical, and other data.

The service is engaged in elaborating contraindications for mental work; it takes active part in the rationalization of academic life and carries on an important mental-hygiene work among the teaching staff of the Institute. This department has secured much scientific material on the clinical aspects of mental fatigue, a most complicated and difficult problem, as well as a very important one.

The consultation service that I am directing at the Ukrainian Institute for Marxism was founded later—over a year ago. During this relatively short period much work has been accomplished and—a most important point—the service has become an integral and organic part of the Institute. The mental-hygiene work in the Institute is based upon our own experience and on that of other consultation services. It consists of the following activities:

It begins with ascertaining the physical condition of the students. This is done by an initial and detailed examination, as exhaustive and many-sided as possible, since the results are to serve as a foundation for the study of the pathology of the collective group of the Institute.

This is followed up by repeated and periodic investigations, which are based on characteristic specific traits in the pathology of the collective group and on the anomalies in the nervous and mental health of its members, which will serve as a starting point for research and study into the factors that determine pathologic conditions. In this way the study of the living and working conditions of the students is placed on a solid foundation. The investigation is carried on by means of a specially elaborated mental-hygiene diary, which is, as it were, the "personal health material" of each subject. In view of the importance of summarizing the results of the examination for detection of the laws of group pathology, it is necessary to use a uniform standard method of examination and to fill in the questionnaires according to a fixed form in so far as the material permits.

The chief parts of the examination are as follows:

1. An anthropometric examination, a measuring of the body in order to obtain general data on the physical development of the subject and to determine his constitutional type—*i.e.*, his physical and mental make-up.

2. Examination of the internal organs and systems.
3. A neurological examination to determine the condition of the nervous system.
4. An examination of the intelligence by the methods of clinical psychiatry.
5. Special inspection of the eyes by an oculist.
6. Complementary examinations in the laboratory and the proferring of advice.

All these various types of investigation, not merely the neuropsychiatric examinations, are necessary for a full understanding of nervous and mental diseases.

Anthropometry, for example, informs us as to the subject's bodily state and constitutional type, and is of great assistance in the study of those nervous and mental disorders that are founded on hereditary deficiency of the nervous system and that often occur in people with certain types of constitution, using this latter term in the sense of the sum of physical and mental qualities.

The physical examination—that is, the study of the general state of health of the internal organs and systems—is necessary because of the close connection between the state of the nervous system and the condition of these organs. In many cases diseases of the nervous system are secondary and are brought about by pathological changes in the other organs and systems, especially the vascular and metabolic apparatus.

Examination of the eyes is necessary because the eyes are the working organs of intellectual workers and are especially liable to be injured.

The subjects are divided into several groups, according to the results of the investigation, and various measures are applied to them. The three main groups are as follows:

The first group includes individuals who are clinically healthy, although they may in the past have suffered from nervous or mental trouble. Only prophylactic measures are applied to them—that is, the aim is to provide them with living and working conditions such as will not disturb the balance of their nervous and mental functions.

The second group consists of individuals who present various neurotic phenomena. Here are people who show no definite nervous or mental diseases, but merely symptoms of

disturbances in their mental health in the shape of anomalous reactions to irritation and to the influences of the surrounding milieu. Here are to be found various degrees of nervous exhaustion following infectious diseases, intoxications, poisoning of the nervous system, the use of various narcotics (alcohol, tobacco, and so forth), as well as exhaustion caused by pathological processes in the internal organs. The aim to be followed in regard to this group is twofold: curative and social measures are necessary to fight the neuropsychiatric disturbances, and, on the other hand, prophylactic measures must be taken to prevent the transfer of these subjects into the third group.

The third group is that of the neurological patients. Subjects with organic lesions of the nervous system, presenting anatomical changes in the same, are included here, as well as persons with functional nervous troubles whose physical basis is as yet undetermined. Curative and socially curative measures are urgently needed for the patients of this group.

The various measures that can be taken are carried out according to the distribution of the subjects into the three groups. As curative measures, medication, physiotherapy (electrotherapy, hydrotherapy, mechanotherapy such as massage and gymnastics, and so forth), psychotherapy (hypnosis, suggestion) are to be considered. The group of social prophylactic measures includes social help of various kinds (watering resorts, changes in work régime, improvement in living and working conditions).

An important part of the clinic work at a university consists in the study of living and working conditions, with the aim of determining the causes that bring about certain pathological states in workers of the group with which the clinic is dealing. The factors that cause neuropsychiatric disturbances must be studied and analyzed so that the most effective measures may be taken to eliminate them. Study of the living and working conditions of the group as well as of the individual is a necessary preliminary to placing them upon a rational and healthy basis.

No adequate methodology has been developed for examining intellectual work, especially that of scientific investigators. Many complicated and intricate factors that

accompany intellectual work must be considered. Physical and social environment, technical possibilities, the physiological and mental characteristics of the worker, the peculiarities of the specialty in question, which to a certain extent influence its processes—all these factors have a great bearing upon productivity and efficiency. It should be added that it is possible to divide intellectual work into its elements and to consider it from different points of view. The investigator may be interested in the curve of mental work, in the methods and means of its organization, in the distribution of time, the successive use of different types of work according to the form and content of the activity.

The technic of mental work may be studied in connection with its organization and hygiene. The technic consists in reading to the best advantage, in making notes, and in keeping materials and work in an organized, systematic way. A very important point is the working out of the professional qualifications for certain types of intellectual work. All these factors are of great importance, for they influence and are influenced by the mental health of the intellectual worker. This study of the relationship between intellectual work and mental health brings the investigator into the field of the pathology of intellectual work and its prevention.

The complex quality of intellectual work demands that special attention be paid to the methodology of its investigation.

In our work we follow the principles laid down by Dr. Levitow.¹ This author classifies the methods of studying intellectual work as follows:

1. Registration of subjective utterances by means of (a) questionnaires, (b) conversation, (c) writing papers.
2. Systematic observation: (a) according to a scheme, (b) by means of time studies, (c) by means of constructive observations.
3. Study of the product of intellectual work.
4. Experimentation (a) in laboratories, (b) under natural conditions.

Study of mental work and its conditions in a university must include:

1. *Individual study of the organization, hygiene, and techn-*

¹ "Problems of the Organization and Hygiene of Intellectual Work," by Dr. Levitow. *Nauchnoe Slovo*, 1928.

nics of intellectual work. This investigation is based upon subjective utterances, complemented by group conversations. Its aim is to indicate the present state of intellectual work of the students of the university. Individual investigation includes the following problems: (a) determining the opinion of the students as to the perfection of the organization and the technics of intellectual work; (b) finding out if these matters have been the subject of conscious and systematic elaboration, and in what degree the technic and organization of the students' intellectual activity has been improved. It is of importance to determine by means of this investigation the various problems of technic and organization of intellectual work—systems of reading and of taking notes that have been worked out, type of work (day or night work), order and distribution of various kinds of intellectual work and its rhythms, organization of sleep and rest, and many questions herewith included.

2. *Control and analysis of the time budget of the students and professors of the university*, based on autochronometrage. A carefully conducted registration of the time budget obtained by means of filling in special time cards will show how the students spend their time.

3. *Study of the efficiency of intellectual work in the university*, based upon the analyses of written materials regarding the progress and scientific achievements of the students.

4. *Experimental investigation of mental efficiency.* This investigation is based upon the results of study of the processes of memory, attention, judgment, and tempo of the work, and gives the quotient of general mental productivity. Statistical determination of these data yields a general psychological profile of the university group. The psychological characteristics of the students play an important rôle in the organization of their studies, for they are helpful material for the teachers, affording information on the general progress and efficiency of each individual student's work. This investigation should be completed by experimental tests of the students' fatigue after mental work, as judged by attention, memory, tempo of work, and mental efficiency in general as determined by these factors. These tests are made before and after the student has done mental work.

Investigation of the conditions of work in the university should include also study of living conditions. Here a study of the home conditions of each individual student is needed, as well as a detailed mental-hygiene examination of the communal houses and boarding-houses in which the families of students live in groups.

Special attention should be paid to the students' sexual life, since the sexual life, with its conflicts, has great influence upon mental health, the more so in view of the conditions of our time, when society is being reorganized. In investigating the sexual life and living conditions of the students, the physician can best gather information in personal conversation with the subject, when filling in the mental-hygiene diary. Other methods are the anonymous questionnaire and the organization of a special social-hygiene consultation service for the students, to deal with the problems of sexual life.

But the mental-hygiene work at the university cannot be restricted to an investigation of the health of the students and of their living and working conditions. This activity must be seconded by the institution of a department of mental hygiene with a psychological laboratory and a consultation service for the organization of mental work at the university upon a sound basis. As yet the only experience with such work that we have had is in connection with the department of mental hygiene at the Communistic University of the Workers of the East.¹ The results of the work of this department for three years show clearly that such a department plays a useful and necessary part in the rationalization of the living and working conditions of intellectual workers and in the preservation of their mental health.

The department should be attached to the academic department of the university. It should be closely in touch with the academic life and an organic part of the general work of the university, studying this work, watching over the mental health of the students, keeping in touch with the faculty, and being consulted by them with regard to various problems of mental hygiene.

The organization of a department of mental hygiene

¹ This department was organized by the Institute of Neuropsychiatric Prophylactics, Director, L. M. Rosenstein.

should have two chief aims: (1) to help the academic department to rationalize and raise the efficiency of the whole process of academic life, and to carry on scientific investigations in this field; and (2) to conduct work in mental hygiene for the improvement of mental health and the prevention of nervous and mental disorders in the personnel of the university.

The department bases its activity upon a theoretical study of the mental hygiene of intellectual work, neuropsychiatric prophylactics, analysis of living and working conditions, organization of academic life and mental health of the personnel of the university, elaboration of scientifically determined measures demanded by the general rules of mental hygiene of intellectual work, and analysis of the conditions peculiar to the university in question. In accordance with these aims the functions of the department may be classified as follows:

1. Study and rationalization of the academic life of the university from the standpoint of mental hygiene.
2. Study and rationalization of the living and working conditions of the staff of the university as individuals and as a group, as ascertained by means of individual investigations.
3. Study of the mental work and personalities of the students, based upon individual investigations. The institution of measures of mental hygiene and mental sanitation founded upon study of the nervous pathology and of the personalities of the students.

The actual plan of work of the department is as follows:

1. As an aid to the academic department, the department of mental hygiene:
 - a. Selects the students who are to enter the university, taking into consideration general state of health and working ability, special mental health, mental efficiency (including special intellectual abilities and emotional and volitional data), and general fitness from the point of view of university conditions. This selection is based upon the results of a general medical examination and an investigation of neuropsychiatric health by neurological methods and those of clinical psychiatry, as well as by those of experimental psychology. The characteristics

of the new students are worked out on the basis of these results, these characteristics serving as material for the faculty and the academic department.

b. Studies the plans, programs, and methods of academic and scientific work of the university from the standpoint of the rationalization and mental hygiene of intellectual work.

c. Includes a course of physical culture and mental hygiene in the working plan of the university.

d. Investigates the causes of poor progress made by students in the university, analyzing these causes from the standpoint of mental hygiene and deciding upon measures for their elimination.

e. Organizes a mental-hygiene consultation service in connection with the academic department, but dealing with matters outside the scope of the academic work (promoting and elaborating a rational distribution of the students' pedagogical, social, and party work).

f. Selects literature and compiles reading lists on the subject of the problems of mental hygiene and the organization and technic of mental work.

g. Devotes special time to study of the organization, hygiene, and technic of mental work.

h. Publishes articles and pamphlets on mental hygiene and on the organization and technic of mental work.

2. In the matter of living conditions, the functions of the department are as follows:

a. The various factors that enter into living conditions in the university are subjected to a thorough investigation, including housing, food, rest, recreation, sexual and marital relationships, and so forth.

b. An active part is taken in the reorganization of living conditions and in making them wholesome. This is done by a rational distribution of living quarters in accordance with the principles of mental hygiene; also by seeing that sanitary measures are put into effect in the communal houses, where the students are housed with their families.

c. The process of social nutrition is rationalized in the university.

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- d. Consultations are arranged, with the aim of promoting sanitary living conditions and wholesome habits of life.
3. For the protection of the nervous and mental health of the personnel of the university, the department carries on the following activities:
 - a. Arranges thoroughgoing examinations, periodically repeated, of the neuropsychiatric and physical health conditions of the students. Current observations are of great help in this. The examinations include anthropometric, psychological, and ophthalmological investigations.
 - b. Determines specifically harmful experiences injurious to the students and connected with professional conditions and the circumstances of their lives.
 - c. Based upon all the aforesaid data, offers all kinds of medical help—medication; physiotherapeutics (electrotherapy, hydrotherapy, and mechanical therapy) and dietetic measures.
 - d. Takes part in the administration of social therapy, sending students to sanatoriums and houses of rest, arranging to give them pecuniary help and better food, and so forth.
 - e. Regulates the academic life and the social and party work of the students according to the conditions of their mental and general health.

All this important and difficult work can be carried on by the department only with the active assistance of society, which must pay heed to it and participate in its efforts, if it is to be successful.

WHO ARE THE "CRIMINAL INSANE"?

FIFTY PATIENTS COMMITTED TO THE BOSTON
STATE HOSPITAL UNDER SECTIONS 100 AND
104, CHAPTER 123, OF THE GENERAL
LAWS OF MASSACHUSETTS *

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THE state of Massachusetts has a most progressive system of dealing with the problem of the accused person who shows mental symptoms either at the time of trial or during the period of sentence. The history¹ of this system can be traced back in the laws of the state of Massachusetts to Chapter 68, Acts of 1849, which reads: "Whenever a person indicted . . . shall at the time appointed for trial be found to the satisfaction of the court to be insane, the court is hereby authorized to cause him to be removed to the State Lunatic Hospital at Worcester."

This provision was reenacted and slightly modified in the General Statutes (1860), the Public Statutes (1882), and the Revised Laws (1902). The first substantial change, however, was made in Chapter 257, Acts of 1904, which provided explicitly for the appointment by the court of two experts in "insanity". Other provisions of the earlier law were also modified. Commitment, which before might be made only at the time appointed for trial, might now also be made at any time prior thereto and for the purpose of observation; and while by the former law a finding of insanity had been required, now a doubtful case as well might be committed "pending the determination of his insanity".

The present law—Chapter 123 of the General Laws, Section

* Submitted and accepted in partial fulfillment of the requirements for the Master's degree in the Smith College School for Social Work, August, 1928.

¹ This history and analysis of the law is based on material from *Mental Disorder and the Criminal Law* by Sheldon Glueck (Boston: Little, Brown, and Company, 1925), and on unpublished material by Dr. Winfred Overholser.

100—was enacted in substantially its present form in 1909, and reads:

"If a person under complaint or indictment for any crime is, at the time appointed for trial or at any time prior thereto, found by the court to be insane or in such mental condition that his commitment to an institution for the insane is necessary for his proper care and observation pending the determination of his insanity, the court may commit him to a state hospital under such limitations as it may order."

Many states have no special legislation to cover the case of the accused's insanity at the time he is under complaint or indictment, but the importance of such a measure is gradually being felt, and the more progressive judges, lawyers, and district attorneys now appreciate its value in doing away with the complications of subjecting a mentally abnormal person to the ordeal of trial.

The machinery of court procedure turns out many cases in which the question of insanity does not come up until the indictment has been made and the defendant is awaiting trial. It is of interest to note the manner in which the alleged mental unsoundness of such a prisoner is brought to the attention of the judge and by whom. Many states are open to criticism on this point in that the initiation of proceedings is left to chance or to some person untrained in psychiatry. It is evident that such a condition permits of the subjection to trial of many mentally abnormal defendants who must later be transferred from penal institutions to state hospitals. This unfortunate situation has been studied by some very far-sighted psychiatrists and has resulted in Massachusetts in a unique and most progressive piece of legislation—Section 100A, an amendment of Chapter 123, General Laws. This measure, generally known as the "Briggs Law", is found in Chapter 415, Acts of 1921. It provides:

"Whenever a person is indicted by the grand jury for a capital offense, or whenever a person who is known to have been indicted for any offense more than once or to have been previously indicted for a felony, is indicted by the grand jury or bound over for trial in the Superior Court, the clerk of the court or the trial justice shall give notice to the Department of Mental Diseases and the department shall cause such person to be examined with the view to determine his mental condition and the existence of any mental disease or defect which would affect his criminal responsibility. The department shall file a report of its investigation with the clerk of the court in which the trial is to be held and

the report shall be accessible to the court, the district attorney, and to the attorney for the defense and shall be admissible as evidence of the mental condition of the accused."

In other words, this law provides for the examination before the date of trial of all persons who fall within any of the three categories mentioned, whether or not they show any signs of mental abnormality. Its application has fully justified it. It has had a marked effect on the acceptance of psychiatry by the courts of Massachusetts.¹

A word is necessary also regarding persons who come to trial before their mental symptoms are noted or who develop mental symptoms during the trial. Since provision is made under the law that if at any time prior to the sentence the defendant is found by the court to be insane, or in such mental condition that his commitment to a hospital for the mentally ill is necessary for his proper care and observation during the determination of his sanity, the court may commit the defendant to a mental hospital. The court can at any time during the trial request that an examination of the defendant be made by a psychiatrist of the department of mental diseases.

Besides these provisions for accused and indicted persons who develop mental symptoms before and during trial, the law also provides for convicted persons who show mental symptoms. This is a relatively small group made up of prisoners who develop a prison psychosis or some mental abnormality while under sentence and prisoners who have gone through the routine of trial without having their mental symptoms noted until they are serving sentence. These come under a separate classification in the Massachusetts legal system. Section 104, Chapter 123, of the General Laws, provides:

"If a prisoner under sentence in a jail or prison or house of correction appears to be insane, the physician in attendance shall make a report to the jailer or master who shall transmit the same to one of the judges. If the judge finds that the prisoner is insane and that his removal is expedient, he shall order the removal of such prisoner to a state hospital.

¹ There is, however, a group of accused persons awaiting trial who do not come under this law of examination, such as the criminal with a long record of misdemeanors or with a record of one previous indictment, and this type of defendant can come to the attention of the judge only as a result of the work of some alert individual or by pure chance.

If a prisoner is reconveyed to the jail or house of correction he shall remain there pursuant to the original sentence, computing the time of his detention or confinement in said hospital as part of the time of his imprisonment."

Thus the Massachusetts law for the care of the criminal insane is divided, as we have seen, into two parts, one providing for the observation of those who show mental symptoms before or during trial (Section 100) and the other for the transfer and observation of those prisoners who develop mental symptoms while serving sentence (Section 104). If, in the opinion of the superintendent and the trustees of the hospital, the prisoner is not insane, he is returned to jail and held in accordance with the terms of the process by which he was originally committed or confined. If, however, the superintendent and the trustees consider the prisoner psychotic, the judge of the court commits him to the hospital until his sanity is restored, when he is returned to court.

Although the history of this legal system and its operation have been carefully studied and reviewed by psychiatrists, sociologists, and criminologists, there has been little or no written material based on actual case studies, and since the group of persons concerned is a vital part of the population of a state hospital, it was felt that more data, both social and legal, should be available on the subject of their adjustment after hospitalization. The present study was undertaken in the attempt to answer the following six questions:

1. What are the social histories of the individuals who make up the class of "criminal insane"?¹
2. What crimes do these persons commit?
3. What is the classification according to psychosis?
4. What legal disposition is made of the cases returned to court?
5. How many of the total number become institutionalized in hospital or jail?
6. How many make an acceptable social adjustment when restored to the community?

The cases selected for study were taken from the books of the Boston State Hospital, beginning with January, 1921, and continuing to the date when the study was started—October,

¹ The term "criminal insane" as used in this paper refers to persons classified under Section 100 and 104.

1927—a period of six years and nine months. The study includes all the cases admitted under Section 100 and Section 104, Chapter 123, General Laws of Massachusetts, a total of fifty—ten women and forty men. From the statistical point of view it is obvious that so small a group can have no value, but it is hoped that a study of these cases may point the way to certain general conclusions. A period of over five years is generally considered adequate to reveal with fair accuracy what conditions actually are, and the fact that there was no selection of cases, but that all were included, also adds to the value of the material. The cases included may be considered representative of those handled in all the hospitals, as the Boston State Hospital is one of the largest in the state and is not only the nearest to the Superior Court of Suffolk County, but is the one most often used by the court for the commitment of such cases.

The cases committed under Sections 100 and 104 are grouped together in the hospital and are commonly and popularly spoken of as "criminal insane" and "court cases". It is logical to class these two types together as both come under the same hospital regulations and both leave the hospital under the same condition—return to sanity. The distinction between the two is, as we have shown, basically a legal one, consisting in the fact that in the cases committed under Section 100, hospitalization may have an influence upon legal disposition and findings, while in the cases committed under Section 104 it will have none. Four of the cases included in the study—three men and one woman—had been committed under Section 104, all the rest under Section 100.

A medical social history is taken on every case that is admitted to the Boston State Hospital, and the records of the fifty cases included in this study were analyzed for certain data as to age, color, civil condition, education, and occupation. No attempt was made, however, to correlate these data with those on crimes and psychoses, as it was felt that the number of cases was too small to yield results of any value, and for the purpose of this study, the material relating to legal disposition and community adjustment is the more important. A résumé of the data on crimes and psychoses is presented, however, to show the types of person included in the study.

The span of age distribution ranged from eighteen to sixty-three years, but more than half of the cases fell within the thirty-to-fifty-year group. This concentration can be explained by the fact that the cases studied include thirteen patients with a diagnosis of alcoholic psychosis, a type of psychosis that is more likely to develop after a long and intensive history of alcoholism and that therefore is more often found in middle or old age than in early life.

There were only two colored defendants in the group. One, a laborer, thirty-six years old, had been arrested for default of probation and was diagnosed as psychosis with cerebral syphilis. The other, a twenty-year-old bus boy, arrested for larceny, was diagnosed as a case of dementia praecox. Since the number of colored cases is so small, no comparison can be made with the white cases.

As to civil condition, all ten of the women had at one time been married. Four had been divorced and two widowed before admission to the hospital. Twenty of the men were single, nineteen were married, and one widowed at the time of hospitalization. In interpreting this material, it is necessary to take into consideration the age distribution according to sex. Ten, or one-fourth, of the men were under thirty, but only one woman was under thirty.

As might be expected, there seems to be a definite correlation between the education and the occupations of these fifty persons, especially in the case of the women. Information was not available regarding the education of one woman, but the other nine were known to have had some degree of common or grammar-school training. Eight of these women were, at the time of arrest, employed in factory or domestic service; two were unemployed.

The educational advantages of the men, when summarized, present a rather different story. Six of them had had no school education, but could read and write either in English or in their own language; twenty-five had had some common-or grammar-school education; four had completed high school; and four had received at least one college degree. In one case information as to education could not be obtained. Since three-fourths of the fifty persons had less than the equivalent of high-school work, it is not surprising to find that thirty-one, or more than half, had been employed in unskilled

labor. The following table shows the distribution of the cases according to occupation:

Unskilled labor:	
Laborer	13
Factory hand	7
Housework	5
Restaurant worker	4
Orderly	1
Furniture mover	1
	—
	31
Skilled labor and clerical work:	
Clerk	2
Salesman	1
Store proprietor	1
Tailor	2
Tinsmith	1
Steam fitter	1
Carpenter	1
	—
	9
Professional work:	
Architect	1
Pharmacist	1
Physician	1
Lawyer	1
Musician	1
Interior decorator	1
	—
	6
Unemployed	4
	—
Total	50

This classification on the basis of employment gives a general picture of the economic status of these patients. There seems to be no correlation between economic status and type of crime and psychosis except on one point—all of the patients with a diagnosis of alcoholic psychosis were in the unskilled labor group.

The six men who were engaged in professional employment present interesting situations from an economic standpoint. Two case summaries are given from this group to show the effect of the psychosis upon economic efficiency.

Case I.—This man had been an unusually efficient and capable architect. In the boom that followed the World War, he had at one time acquired about eighty-six thousand dollars. Soon afterward he began to

show symptoms of psychosis with cerebral syphilis, with the typical gross personality changes, grandiose ideas, and impairment of the higher intellectual functions, mainly in the fields of judgment and reasoning. During a business crisis, he lost all of his money, but because of his mental confusion and the loss of his intellectual powers, he could not realize what had happened. He made several purchases for which he gave large checks in his own name and on his own bank, and as he had no money in the bank, he was finally arrested for larceny. The change in this man's economic condition was due entirely to his mental condition.

Case II.—This patient, a pharmacist, although he had graduated from high school, from a business college, a manual-training college, and a college of pharmacy, was never quite above the marginal economic level. For a few years he was employed as a pharmacist in various drug stores, but was not successful. In 1917, at the age of thirty, he gave up work, complaining of fatigue and nervousness, and entered a mental hospital as a voluntary patient. Since that date, although he has been in the community for extensive periods, he has never been completely independent. Because of his paranoid mental condition, he believes that people are against him and hindering his progress. As a result he assaulted a man, was arrested and committed to the hospital.

The distribution of the group by psychoses is given below. The classification of mental diseases is based on the official classification adopted by the American Psychiatric Association.

Psychosis with cerebral syphilis.....	2
Alcoholic psychoses:	
Acute hallucinosis.....	4
Chronic hallucinosis.....	1
Delirium tremens.....	2
Korsakow's psychosis.....	1
Alcoholic deterioration.....	1
Type undetermined.....	4
	—
	13
Psychosis due to drugs.....	2
General paralysis.....	2
Psychoses with other brain and nervous disease:	
Tabes dorsalis.....	1
Unclassified.....	1
	—
	2
Traumatic psychosis.....	1
Psychosis with brain tumor.....	1
Manic-depressive psychoses:	
Manic type.....	4
Depressed type.....	2
	—
	6

Dementia praecox:	
Paranoid type.....	2
Hebephrenic.....	2
Catatonic.....	1
Undetermined.....	1
	—
	6
Paranoid condition.....	1
Epileptic psychosis.....	1
Psychoses with psychopathic personality.....	3
Psychoses with mental deficiency.....	2
Undiagnosed.....	3
Without psychoses:	
Psychopathic personality without psychosis.....	2
Mental deficiency without psychosis.....	1
Without psychosis.....	2
	—
	5
Total.....	50

The one outstanding point in this grouping is the high proportion of cases diagnosed as alcoholic psychoses. Most of these were chronic alcoholics who developed mental symptoms while in jail awaiting trial and were immediately transferred to the state hospital. The length of hospitalization of such patients is usually only a few months. No conclusions can be derived from the data on the other cases, as the distribution of types is so wide.

The classification by crimes is a more or less arbitrary grouping. It is as follows:

Crimes against persons:	
Murder.....	1
Sexual assault.....	7
Assault and battery.....	8
	—
	16
Crimes against property:	
Larceny.....	7
Breaking and entering.....	1
	—
	8
Crimes against chastity, decency, and good order:	
Indecent exposure.....	1
Immoral relations.....	1
Drunkenness.....	11
Driving under the influence of liquor.....	1
	—
	14

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Violations of the drug or liquor laws:	
Illegal possession of drugs.....	1
Illegal possession of alcohol.....	2
	—
	3
Juvenile delinquency	1
Miscellaneous:	
Desertion	2
Neglect of family.....	1
Possession of firearms.....	2
Default of probation.....	1
Vagrancy.....	1
Performance of illegal operation.....	1
	—
	8
Total.....	50

On the basis of so few cases it is impossible to say with any degree of accuracy that certain crimes were coincident with certain types of psychoses. On the other hand, there is good reason to believe that a particular psychosis may cause a particular mental condition that would result in the performance of a particular type of crime. For example, a paranoid praecox filled with ideas of reference and persecution would be very likely to assault his imagined persecutor. The six brief case summaries that follow are illustrations of this relationship between psychosis and crime.

Case III.—This patient, a married woman, forty-seven years of age, was accused of murder in the first degree. The diagnosis was manic-depression, depressed phase. The patient's early development had been normal and at eighteen she had married a government lighthouse keeper. There had been seven children. For at least twenty years the patient lived with her family on an island out in Boston harbor. She was the only woman on the island and was left alone a great deal of the time. She cooked meals for the male government workers and had no one to relieve her even if ill. She had had three periods of depression—once after childbirth, once when in need of an operation, and the last time during the stormy winter season. At this time the family were transferred to an island nearer the city, but the patient's mental condition was now very acute. She and her little boy went into the city and stayed overnight at a hotel. During the night the mother shot herself and her son. She left a note saying that if conditions had been different, she would not have done this.

The boy died immediately, but after three weeks in the hospital, the mother recovered physically, but was very much depressed mentally. She was transferred to the Boston State Hospital, where she remained for eighteen months before she was returned to the court as recovered.

Testimony was given by experts to the fact that the crime was dependent entirely on the patient's mental condition, and that as she had returned to sanity, there was no longer any danger in allowing her in the community. She was placed on probation, under the most careful supervision of the probation department, on condition that she would submit to a mental examination at least once a month. She complied fully with the requirements, and at the end of two years was discharged by the court with a note from the out-patient department of the Boston Psychopathic Hospital which stated: "She is facing the tragic situation of the past, brought on by her former illness, unusually well, and we feel that the prognosis for the future is good." Up to date, five years after her return to court, this woman has continued in perfect adjustment. She realizes that she cannot hope to forget her ordeal entirely, but her husband and sons have treated her so kindly and with such consideration that they have made her very happy, and she is able to look back on the affair with a tremendous amount of insight and judgment.

Case IV.—A married woman, twenty-seven years of age, whose husband died of general paresis in a state hospital, was accused of assaulting the president of a benefit society who had refused her aid. Investigation showed that the woman had had mental symptoms for at least two years. She had accused her neighbors of making a noise just to wake her up. She felt very definitely that she was the object of persecution by the association and that the president had spread stories about her character. She bought a revolver for protection, as she also believed that the society had hired women to talk about her. She was passing the house of the president of the society one day and heard him talking to another person. Because of her paranoid condition, she believed that he was talking about her and so attempted to shoot him.

Case V.—A man, forty-four years of age, married, was accused of larceny and passing worthless checks. In the past he had had his own business, which had been successful during short periods of brilliant activity. He had always been ambitious, overactive, and inclined to worry and brood. His mental condition and his financial irregularities formed a vicious circle. He could not carry on a successful business because of his worrying and overactivity, with mood swings of elation and irritability, and as a result got himself involved in irregular schemes, which in turn caused him more worry. When in a normal condition, he was able to do very well, and was very conscientious, but at intervals of about every two years, he had a manic-depressive episode in which he thought he had plenty of money and was a victim of foul play. He would become elated, grandiose, and voluble and then develop a paranoid trend toward his entire environment. This condition had twice resulted in an arrest for grand larceny and subsequent commitment to the state hospital under Section 100.

Case VI.—A mentally deficient boy of twenty-one was arrested for homosexual relations with men. Family and personal history were negative. The boy had been forced into illicit relations with some Italian boys, and they were all arrested for sodomy. His stupid mental condition and dull reactions made him an easy mark for the more

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intelligent men and boys of the community. The diagnosis was psychosis with mental deficiency.

Case VII.—An Italian laborer, aged forty, was arrested for murderously assaulting his wife. This assault had taken place during an episode of furore following a grand mal epileptic attack. The patient was very much confused. He died a few days after his commitment to the state hospital.

Case VIII.—A paranoid praecox, deluded and hallucinated, had been on probation for indecent exposure. After again committing this offense he came to the police station to give himself up for arrest. He said that he had exposed himself because he had been told to do so by an invisible man who always followed him. He had heard voices calling him bad names. The invisible man had a gun with which to enforce his command.

Twenty-nine of the fifty cases were returned to court for disposition. With the excellent coöperation of the probation department and the clerk of the superior court, it was possible to obtain information as to the actual disposition of each case. Four were returned under the section dealing with convicted persons (Section 104) and twenty-five under that dealing with accused and indicted persons (Section 100). The following summary gives the details of these dispositions:

Cases under Section 104

* Returned to finish the original sentence:

To Suffolk County Jail.....	1
To House of Correction.....	1
—	
	2

Cases placed on file at expiration of original sentence:

Defendant still in Boston State Hospital.....	1
Defendant subsequently discharged.....	1
—	
	2

Cases under Section 100

Cases placed on file:

Filed on return to court.....	2
Filed before discharge from hospital.....	2
Defendant removed to another state for commitment.....	1
Filed until arrest of escaped persons.....	3
Deported	2

Sentenced:	
To state prison.....	3
To state farm.....	1
To Suffolk County Jail.....	1
To Concord Reformatory.....	1
	—
	6
Dismissed	1
Placed on probation.....	8
	—
Total	29

Section 104 provides that if the prisoner is restored to sanity before the expiration of the original sentence, he shall be returned to court to finish that sentence. Of the four patients in our group who were committed under this section, two, both diagnosed as alcoholic psychosis, were restored to sanity and reconveyed to jail for the remainder of their terms. The sentences of the other two expired before their recovery from their psychoses. One of these, a man suffering from general paresis and rapidly deteriorating, is still a patient at the Boston State Hospital. The other, a woman, was discharged from the hospital shortly after the expiration of the sentence and has never been arrested again. Her diagnosis was psychosis due to drugs.

The legal dispositions on the twenty-five cases committed under Section 100 present a more interesting and varied picture. Ten were placed on file, including the deportation cases, and eight on probation, six were sentenced, and one was dismissed.

Many erroneous conclusions might be drawn from the statement that ten, or two-fifths, of the cases were placed on file if careful investigation had not been made to determine why this disposition was made. Such an analysis shows that only two cases, one woman and one man, were placed on file on return to court after restoration to sanity. Both defendants were subsequently arrested on the same charge. The woman was arrested for drunkenness two months after discharge and was given a state-farm suspended sentence. The man was arrested again and, showing symptoms of delirium tremens, was returned to the hospital, where he is still a patient.

Two cases were filed before the patients were discharged from the hospital. In one case the complainant, the wife of

the patient, withdrew the charge of assault and battery provided the patient would live in another city and in no way interfere with the wife's freedom. The other case was placed on file until rearrest of the defendant, upon a motion of the assistant district attorney.

Another of the filed cases, which involved interstate relations, reveals a very definite weakness in the law. The defendant, a man, was found psychotic and committable by the medical staff of the Boston State Hospital, but he had a legal settlement in a neighboring state, which therefore was responsible for his case. The case was filed in the Suffolk Superior Court until the defendant could be rearrested and transferred to the other state for commitment. This state placed him under observation, at the end of twenty days found him not psychotic, and therefore discharged him to his wife, who immediately returned with him to Massachusetts.

When the court receives a notice from the hospital to the effect that a person committed to the hospital on a criminal paper has escaped, the case is filed until the apprehension of the escaped person. Three of our cases were filed under this classification and have never been located.

Two accused persons were deported to their native countries, and their cases were filed. The diagnosis in one case was psychosis with mental deficiency, and in the other, dementia praecox, catatonic type.

Four men and two women received a sentence of imprisonment when their cases were tried in court. Three of the men received a state-prison sentence, one for two and a half to four years, one for five to eight years, and the third for fifteen to twenty-five years. All of them were accused of rape and found guilty. Two of them accepted the sentence and are now serving their time in the state prison, but the third appealed to the supreme court and filed a bill of exceptions. This case is of such importance from the psychiatric, legal, and social points of view that it is worth summarizing here. It involves the problem of expert testimony, its use in the courts, and the attention paid it by the jury.

Case IX.—In the fall of 1926, the defendant, aged fifty-four, was admitted as a voluntary patient to the Psychopathic Hospital *while out on bail waiting for trial*. He appeared worried and depressed. He was

charged with the abuse of a female child. From his history it was learned that one sister had been in a mental hospital.

The patient had been married for a long time, but for many years had had no normal relations with his wife. According to his family, he showed an abnormal interest in sexual matters. He had a history of syphilis and gonorrhea. For many years he had appeared confused, had been morose, had complained of pains in his arms and legs, and had cried a great deal of the time. He was diagnosed as a case of tabes dorsalis and was committed to the Boston State Hospital, where this diagnosis was confirmed.

After about a year, he was returned to court as recovered and was tried for rape before the criminal session of the superior court. The defendant admitted the offense, but claimed that at the time of its commission he had been insane and therefore not legally responsible for his actions. In the course of the trial, evidence was introduced that the defendant had been at the Psychopathic Hospital and the Boston State Hospital, and expert testimony of three doctors was given to the effect that in their opinion the man had been insane at the time of the offense and unable to distinguish between right and wrong. On the other hand, two experts testified for the commonwealth that they believed the man had not been insane at the time of examination. The court charged the jury that they "should determine whether the defendant was sane at the time he committed the act. If you should find that he was sane, your verdict would be guilty. If you should find that he was not sane at the time he committed the act, your verdict would be that he was not guilty by reason of insanity. The real test that you are to apply is whether the defendant had the mental capacity to distinguish between right and wrong at the time this act was committed. It is necessary for you to decide whether the defendant had such uncontrollable impulse that he could not resist committing this crime. It is for you to say whether you believe the testimony of the experts, and if you do, what weight shall be attached to it. You may accept and be influenced by or may disregard the opinion of any of the experts."

The jury found that "the defendant did make an assault on the child with the intent to carnally know and abuse and did unlawfully and carnally know and abuse". The defendant was then sentenced to not more than eight and not less than five years at hard labor in the state prison. The execution of this sentence was stayed while a bill of exceptions was filed and the case arraigned before the supreme court. When the case was brought before the trial judge, further information was introduced as evidence about the girl, and as a result the bill of exceptions was waived. In the light of this new testimony, the sentence was reduced from its original length to two and a half to three and a half years in the state prison.

The fourth case in which a sentence was imposed on return to court is that of an eighteen-year-old boy. It is cited by Dr. Winfred Overholser in an unpublished paper on psychiatry and the superior court. He states that "the boy was reported to the court as mentally defective, although not

psychotic, and a formal recommendation of commitment to a school for feeble-minded was made. This was not practicable, and since the prisoner had no record of conviction within three years, he could not be committed as a defective delinquent. Because of an arbitrary provision in the law, he was sentenced to the reformatory on the charge of being a stubborn child." The boy was later transferred to Bridgewater to the department for defective delinquents. The law covering such cases has since been amended.

Two great weaknesses in our medico-legal system are revealed in the cases of the two women who received jail sentences on return to court. A summary of each of these cases follows:

Case X.—This woman, sixty years old, was sent to the Boston State Hospital from the Suffolk County Jail, where she had been held on a complaint of drunkenness. She had been examined by the court psychiatrist at the request of the sheriff.

In two months she was returned to court as recovered from an alcoholic psychosis, and was sentenced to three months at the state farm. This was the twenty-second sentence that she had served. In less than ten years she has had nine commitments to state hospitals. Her court record from 1905-1927 shows a total of 91 arrests, 88 for drunkenness, one for night walking, one for "bootlegging," and one for escaping from a penal institution. At the present time she is at the state farm serving her twenty-sixth sentence. The length of time that she spends at the state farm has varied from three days to seven months. The intervals between terms have varied from five days to ten months, in ten cases being under one month in length. She is known to have twenty-three aliases, so that some of her record may not be included in this review.

Case XI.—The other case is that of a woman, fifty-four years old, diagnosed as alcoholic psychosis, who had had eighteen commitments to Massachusetts state hospitals from February 1911 to February 1926, more than one commitment a year. In addition she had served twenty-eight sentences for drunkenness at the state farm, had been at Deer Island House of Correction eleven times, in Suffolk County Jail once, and in New Bedford House of Correction once. She had also been placed on probation and fined several times. She had spent at least twelve of the fifteen years in state hospitals and penal institutions as a public charge.

One case was nol-prossed. After the defendant had recovered from an episode of manic depression, manic phase, he was returned to court as not psychotic. He was charged with breaking and entering, and disturbing the peace while under the influence of alcohol. The grand jury found that

there was not enough evidence to support the first charge, and returned a "no bill" finding, and as the other charge was nol-prossed, the defendant was discharged.

The remaining eight of the total number of those returned to court all received probation, the terms varying from six months to ten years. Of these eight, three have completed the requirements of the probation, four are still probationers, and one man has defaulted probation and is in New York.

Examples of several uses of probation are to be found in this group of cases. First, there is the probation that involves money, either to enable the defendant to make restitution for larceny or to force him to make payments in a non-support case. Then there is the use of probation as a light sentence, with the constructive idea of keeping a hand on the probationer and helping him "to go straight".

There were two examples of a somewhat unusual employment of probation. The first, which might almost be called a misuse of the measure, consisted in placing the defendant on a ten-year probation on condition that she leave Boston and go to the western part of the state to live with her son. This woman broke the rules of probation by going out of the state, but was not arrested for default of probation. An arrangement was made with a probation officer in the state to which she moved to have her report every month to the Boston office through the other department.

The second case involves some interesting psychiatric problems. A summary of it has already been given. (See Case III, pages 681-82). In this case the woman was accused, tried, and found guilty of first-degree murder when returned to court after hospitalization, but in view of the situation, she was given a two-year probation under special conditions.

Psychiatrically and socially, one of the most important questions with which this study is concerned has to do with the social adjustments of these "criminal insane". What becomes of them? Do they become permanently dependent and institutionalized or do they make some sort of acceptable adjustment in the community after hospitalization? The layman and the expert each has his theory in regard to this matter, but for the most part these theories are based on supposition rather than fact. With this in mind, an effort was made to find the present location of these fifty cases.

Much of this investigation was carried on by correspondence with probation officers, prison wardens, hospital superintendents, relatives, and friends. If a patient was found to be institutionalized at the time of the investigation, a summary of his mental and physical condition and any additional social data were obtained from the highest authority in the institution. This material was gathered through the social service of the Boston State Hospital and in its name, and therefore may be considered reliable. When a man was found on probation or recently discharged from probation, a statement from the supervising officer was accepted in lieu of a social investigation, as it was felt that an officer who had known the individual intimately for over a year would be able to give more valuable information than could be secured by the investigator in one visit. A summary of the data obtained is given below:

Deceased:

Died at Boston State Hospital	3
Died at Bridgewater State Hospital	2
Died in community after discharge	1
	—

6

Hospitalized:

At Boston State Hospital on original commitment	10
At other state hospitals on transfer from Boston State Hospital	7
On subsequent commitments	6*
	—

23

Serving sentence:

At state prison	3
At state farm	1
Under department for defective delinquents	1
	—

5

In community:

Deported	2
On escape from hospitals	3
Discharged on probation	2
Discharged without probation	9
	—

16

Total	50
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* Of these subsequent commitments, 4 were to Boston State Hospital and 2 to other state hospitals.

Six patients, or slightly under one-eighth of the total number, have died, either in the community or in hospitals. Three, one woman and two men, died in the Boston State Hospital. The woman was deteriorated on admission to the hospital, where she was diagnosed as a case of alcoholic deterioration. She died rather suddenly of tubercular peritonitis. One of the men, an epileptic, died from exhaustion twenty-three days after admission. In the third case, a man of fifty-six, death occurred from the effects of cerebral syphilis. There had been a gradual deterioration for three years before death.

Two patients died at Bridgewater State Hospital after transfer from the Boston State Hospital. The cause of death was reported in one case as pulmonary tuberculosis, and as chronic parenchymatous nephritis in the other.

In the sixth case, death occurred about six months after the patient had been discharged from the hospital into the community. He was hit by an automobile on the main highway. The insurance company claimed that he threw himself in front of the machine. At the time of the accident, he was not fully clothed. There was no inquest.

Fourteen of the fifty cases are in Boston State Hospital at the present time, ten on the original commitment and four on subsequent commitments. The latter are not now in the "criminal" class. Of the ten who are still under Section 100, six show no great change in condition since admission; two, diagnosed as psychoses with cerebral syphilis, are rapidly deteriorating and there is little chance of their recovery; and two are improving and may within a short time be returned to the court.

There is nothing outstanding about the four patients who were subsequently committed to the hospital. In each case the defendant made a temporary adjustment in the community after court discharge. Three of the group come under the classification of chronic alcoholics, so that recurrence of the psychosis was rather to be expected, and the fourth is a case of manic depression, a type of mental disorder that has a very high rate of recurrence.

Nine patients were located in other state hospitals. One woman and six men had been transferred either to Bridgewater or Medfield State Hospital, and were still in these

hospitals under the original commitment. Two patients were on subsequent commitments in other state hospitals. One of these, a woman, had been regularly committed to the Taunton State Hospital just one year after discharge to court from the Boston State Hospital. During the interval she had spent one month in the Suffolk County jail, three months at the state farm, and six months in the Bristol County House of Correction. The other patient, a man, had been committed to Foxboro State Hospital, again under Section 100, charged with larceny. There is a very definite correlation between the defendant's psychotic episodes and his criminal record. An account of his court history is given in more detail elsewhere. (See Case V, page 682.)

Five defendants were found to be serving a jail or prison sentence. Three of them, men, are in the state prison as a result of the sentence imposed on return to court. One, a boy, is now at Bridgewater as a defective delinquent, having been transferred from the Concord Reformatory. The fifth, a woman, already mentioned (Case X, page 687), is serving her twenty-sixth sentence at the state farm.

Sixteen patients, or almost one-third of the fifty cases, were found in the community, making some degree of adjustment. Two had been deported, but word was received from a relative in each case that the patient was in the community and able to get along without institutional control. Another three were being carried on the hospital books as "on escape". Since these patients were fugitives from justice and the police had been unable to apprehend them, no attempt was made to locate them.

The remaining eleven furnish in themselves enough material for a valuable social study. Two of them were, at the time of the inquiry, on probation. The other nine were under no official control, either by the probation officer or the hospital. A summary of one of these eleven cases has already been given. (Case III.) A brief account of the social adjustment made in each of the other ten is given below.

Case XII.—This woman, a drug addict, had been discharged from the Boston State Hospital in 1923. Her mental symptoms had first been noticed while she was serving a sentence for illegal possession of drugs. Her sentence expired, however, before her return to sanity, and so on

her recovery she was allowed to go into the community. In October 1923 and February 1925, she was again found guilty of breaking the drug law and on both occasions was sentenced to six months in jail. Since 1925, there has been no further arrest and at the present time the woman is living in the heart of the city, in the drug district, with a friend who runs a third-rate lodging house. The patient spends her time helping the friend with the work. She has little or no recreational outlet, as she refuses to go out in the neighborhood without the friend for fear of meeting some of her old drug-addict acquaintances. As far as can be determined, this patient has reformed. The friend feels that this may be partly due to a desire to please, but it is partly due also to the knowledge that if she uses alcohol or drugs, she will be without a home. Physically, she is not in very good condition. She looks thin and has a hacking cough. There seems little doubt but that this social adjustment was made possible through the help of the friend, who was actually interested in the patient's welfare and encouraged her.

Case XIII.—This patient, a man, was, like the case just cited, a Section 104 case. He had been arrested for driving under the influence of alcohol and for illegal possession of alcohol. He recovered from his mental symptoms, however, before his sentence had expired and so was returned to jail to finish a three-month term. Since that date, June 1924, he has been arrested five times for the same offenses. Four times he was found not guilty, and once the case was placed on file. For the last three years, he has been the proprietor of a small grocery store in a suburb of Boston. He bought the store and a tenement building through the Coöperative Bank. He claims to have stopped the use of alcohol entirely, but his store is still watched closely by the local police.

Three histories were received from the probation department, as the individuals in question had recently completed their terms of probation. One of them has already been given. (Case III.) The other two follow:

Case XIV.—A man, fifty-six years old, was diagnosed as an improved case of general paresis after he had been transferred to Bridgewater State Hospital, and was returned to court. He was tried for having performed an illegal operation and was placed on probation from April 1927 to April 1928. His license for further work as a physician was revoked. Because of the physical and mental background of the probationer, the supervising officer felt that the probation in this case was largely technical, and he did not request the coöperation of the probation officer in the town in which the probationer lived with his son. Contact was made with the probationer and maintained by correspondence.

In October 1927, the man came to Boston with his son and daughter. From that time until April 1928, the supervising officer saw him about once a week. It was felt that little could be done in the way of constructive supervision because of his occupational handicaps of old age and bad hearing. The problem of employment was finally solved by his son-in-law who took him to a near-by town as a helper to the carpen-

ters, steamfitters, and machinists in a mill. The work will probably be permanent. From time to time, as the probationer reported to the office, signs of physical deterioration were noted. He seemed more feeble at each report. Probation was completed successfully and the man was discharged in May 1928. This case is of interest from the medical point of view, as it is seldom that a general paretic is ever considered recovered.

Case XV.—An Italian, diagnosed manic depression, manic phase, was accused of illegal possession of firearms and upon return to court, was put on probation for a year. He has recently completed this term. According to a history sent by the probation officer, "the probationer is an unskilled laborer and his work is not very regular. He has, however, worked fairly steadily during the period of probation. He is at present working for a contractor. During the year, the man saved \$370. He has also sent \$20 a month to his family in Italy. He has done no work for the past two months because of weather conditions. His work is with a pick and shovel, digging excavations, and during the winter months this work is necessarily very scarce. He lives with a sister in Boston. Probationer spends most of his evenings at home. He has had no arrests during probation."

Case XVI.—This case, diagnosed manic depression, depressed phase, was placed on file so that the patient might be transferred to another state for commitment, as his legal settlement was not in Massachusetts. (For a discussion of the legal aspects of this case, see page 685.) When interviewed by the worker, the wife of the patient said that she felt her husband was in normal mental condition. It was many months after his return home before he recovered his health, but he is fairly well now. He is working as a salesman and this keeps him out-of-doors. The weekly company meetings make a pleasant change for him also. Although he takes little part in the affairs of the city, he is always interested in what is going on. He reads the newspapers and books and enjoys the company of his children.

Case XVII.—A war veteran, diagnosed chronic alcoholic psychosis, defaulted probation and went to New York, where he married a trained nurse. Through the office of the regional manager, the worker was able to trace this man and received the following information. "At the present time the man is in a Veterans' Bureau hospital, suffering from tuberculosis, pulmonary, chronic, and far advanced, rhinitis, nasopharyngitis, and deviated septum. His alcoholic tendencies have not changed materially since his discharge from the Boston State Hospital. He is still prone to indulge in alcohol to excess."

Case XVIII.—The exact location of this patient was not determined, but a friend to whom he went on discharge from the hospital gave this information, although unwilling to give the man's present address: "The patient is working and is adjusting well. His health is good and he is apparently getting on very nicely. He is perfectly capable of taking care of himself." The informant had seen the patient very recently.

Case XIX.—A woman of forty-nine years, diagnosed at the Boston State Hospital as suffering from an alcoholic psychosis, was placed on probation when returned to court. She was found guilty of drunkenness. Since she was unable to get work around Boston, she was given permission to go to a summer hotel as a waitress on condition that she report by letter. For five months no word was received from her, and she could not be located. In December a letter was received from New York, written by the probationer to the supervising officer, saying that the probationer was working and doing nicely. There was no address or date on the letter. Since that time she has not been heard from.

Two of the eleven patients in the community are still on probation.

Case XX.—This case, that of a woman who received ten years probation for larceny has already been referred to in our discussion of the uses of probation (page 688). A letter from the probationer was received, endorsed by the local probation officer of the state in which the probationer is living, stating that she was fulfilling the requirement of probation and had not been arrested. She is economically independent and therefore does not have to work.

Case XXI.—This defendant, on return to court at the age of forty-seven, pleaded guilty to non-support of his wife and children and was ordered to pay \$10 a week to the probation officer for their support. The probation officer writes: “The probationer has had considerable difficulty in obtaining work, as might be expected in the present unemployment situation, but at every place where he was employed he made a favorable impression, was sober and industrious, and seemed to want to make good. Although he averaged only \$15-20 a week when he was employed, the man made payments of \$7 through this office and has paid a total of \$114 from November to March. He complained at one time that his wife was not paying the woman who was boarding the children, and on investigation it was found that the wife had not turned over any of the money for the support of the children. Thereafter, the payments were sent by the office direct to the ‘boarding mother’. Other accusations made by the probationer have resulted in the filing of a libel for divorce, charging cruel and abusive treatment and adultery; the libel has been served on the wife. The probation officer has felt that the defendant has done very well considering the fact that he has been out of work at times and has earned little money at the various places where he has worked.”

SUMMARY AND CONCLUSIONS

An analysis of fifty cases committed to the Boston State Hospital under Sections 100 and 104, Chapter 123 of the General Laws of Massachusetts, indicates that the “criminal insane” patient does not come from any one economic or civil class nor does he fall within any narrow age limit. He is any

member of society who, because of mental abnormality, commits a crime or who, because of the situation he finds himself in after commission of a crime, becomes psychotic. The problem of preventing "criminal insanity" is, therefore, a problem of society as a whole. The school clinics and habit clinics of to-day will without doubt do much in the way of eliminating the potential psychotic criminal of to-morrow. Mental testing and grading according to ability bring the defective child to the attention of the authorities, and he is either trained to adapt himself to community life by making the most of his assets, or is institutionalized before he enters upon a criminal career. And the habit clinic, with its program of building up acceptable behavior patterns in the child, paves the way for desirable adjustment in the community and lowers the number of future citizens who might become asocial individuals.

A psychiatric study of the crimes that the criminal insane commit does not reveal anything that would contribute much to a program of care for this class. Two mental disorders, psychosis due to drugs and alcoholic psychosis, are directly related to violations of the law, so that it is easy to see the connection between the crime and the psychosis. In most cases the psychosis is not a result of the offense, but there is, as this paper has shown, a tendency in the opposite direction. That is, the psychosis is likely to bring about a mental condition that strengthens the tendency toward a given crime.

Of the forty-six cases committed under Section 100, twenty-five eventually returned to court and stood trial, seventeen are still institutionalized, and the rest have either died or escaped from the hospital. Only two of the entire number studied were returned to the court as normal individuals. If there had been no such provision as that of Section 100, forty-four persons would have been unjustly submitted to trial, as they were, at the time appointed for trial, in such mental condition that a trial was not advisable.

The height of perfection in the administration of this law has not been reached. Certain types of accused persons do not fall under the routine-examination law that is now in operation. This weakness is recognized, however, by the administrators of the law and the near future will probably

see an extension of the policy of routine mental examination to include all defendants. This would be a stupendous work, requiring a large staff of experts, and for the present it is hardly feasible, but a plan might be introduced that would provide for a psychiatrist to sit with every court and to select cases for examination.

Cases X and XI (page 687) point out the need for legislative provision for the recidivist—not only the jail recidivist, but the hospital recidivist as well. Some provision should also be made for the supervision or semi-institutionalization of inebriates. The alcoholic is a problem to the police officer, the judge, the jail warden, and the medical staff of a state hospital. The state hospital is handicapped in the care of such persons in that it has no legal right to restrain them after restoration to sanity. Society must be made to realize that as soon as a chronic alcoholic gets out of the institution, he gets involved in the same old circle of drink, arrest, and commitment. Perhaps an indeterminate-sentence schedule, based on a given number of arrests or commitments for drunkenness, might be effective. An institution for chronic inebriates seems to be the only solution.

About a third of the fifty cases are making an acceptable adjustment in the community after recovery. This group should be supervised and encouraged. It offers valuable material for further study of the social factors that influence adjustment and the problems that it involves.

In general it may be said that while the group of cases is too small to serve as a basis for conclusions, our survey is of value in pointing to the need of a more extensive study which would include all similar cases from all the state hospitals, and which would place special emphasis upon the problem of the adjustment of the criminal insane patient after hospital commitment and jail sentence and his return to the community.

AN EXPERIMENT WITH MENTALLY DEFECTIVE CHILDREN OF SCHOOL AGE AT WORK

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AMONG the many problems connected with the education of mentally defective children, not the least is the question of placement in industry when the pupil leaves school. This problem is one that concerns both teachers and parents. In Connecticut, the law provides that pupils shall attend school until they are sixteen years old. If, however, they have completed the sixth grade and can pass examinations on the work of that grade, they may go to work at fourteen years of age. Many normal children in families in the immediate neighborhood of the mentally defective children leave school at this age, and when their less fortunate companions who are attending special classes find that they cannot go to work, but must stay in school until they are sixteen, the protest is long and loud. These pupils stay in school because they are forced to, by law. They are in an ugly frame of mind because of the tremendous pressure brought to bear by poverty-stricken parents who desire their help. Many of the traits built up through understanding treatment and properly planned work seem to be lost at a time when every effort should be made to establish right habits firmly and to encourage the desirable characteristics that are necessary for success in industry and social happiness. The boy or girl who has not been absent a day for many months becomes a truant. Parents, not understanding the situation, threaten the child with punishment unless he gets the desired work certificate. Both parents and children blame the school for the whole situation: "They didn't learn anything in that school." "They washed dishes all the time." When new

pupils are transferred to special classes, the parents immediately object because the children will have to stay in school until they are sixteen. If the children could be removed from the influence of their parents and their friends who are working, the school could provide a sufficient variety of interesting work to hold them. As it is, the school is overwhelmed by outside pressure.

Fortunately, the Connecticut law contains a provision to meet this situation. Pupils who can never complete the sixth grade may be excused from school at fourteen years of age by special permission from the state board of education. Immediately the question of supervision arises. There is no organization that stands ready to take what the school has learned about each pupil and make use of it to help with adjustments in the industrial world. These boys and girls leave school to make their own way just as if they had shown themselves bright and capable. There is no one to guide these young people who "cannot manage their own affairs with ordinary prudence"; no one to say to the employer, "This youth has the mentality of a child about seven or eight or nine years old, and should be given work and supervision with this fact in mind." The boy or girl goes out to hunt work. Lack of initiative makes this difficult. When a job has been secured, it is often too difficult or not in line with the child's ability. In a few days or a few weeks, he loses it and is hunting another. Often, after several attempts at finding work that he can do, he struggles on in a half-hearted way, spending most of his time hanging around street corners, discouraged and at odds with the world. The school is really responsible for these children until they are sixteen, and society is responsible for them all their lives. Under existing circumstances, the child might much better spend this period in getting adjusted to the industrial world under the supervision of a teacher than in completing a forced attendance at school.

In November, 1924, an arrangement was made with the state board of education whereby thirty-three boys over fourteen years of age were granted permission to leave special classes to go to work under supervision. Two of our special-class teachers undertook to follow up these pupils and help

them as much as possible. The teachers did this in addition to their regular work after school hours. Pupils reported at a school near the center of the city one evening a week. They talked with the teachers and discussed their problems. If no difficulties arose, this was the extent of the supervision. If they failed to report or needed help in making adjustments, the teachers visited their homes and places of employment until the difficulties were adjusted. It was possible to keep in touch with all the boys through the coöperation of all the special-class teachers.

Two good features of the experiment became evident at once. Some pupils could not obtain work. After much searching for jobs, they were willing to go back to school and continue their education in a contented frame of mind. The other factor was connected with the medical examination. The doctor would not allow certificates to be issued unless needed glasses were procured, or tonsils removed if necessary, and so forth. Several cases in which parents had stubbornly refused to care for the physical well-being of the child were promptly attended to when the coveted work certificate hung in the balance.

Most of the pupils needed help at once in the complicated process of obtaining the necessary birth certificates, transcripts from the school register, withdrawal blanks, doctor's certificates, employers' signatures, and the like. Some of them needed suggestions as to places of employment. Most of them found work very shortly and were happy at being able to work. As they came in each week to report, they were clean and well-dressed, proud of their jobs, and eager to tell about them.

The experiment was carried on in this way as an extra job for certain special-class teachers for a little over two years. During that time some of the boys reached the age of sixteen and had to be dropped from the supervision of the school. Other certificates were granted so that forty-eight boys in all were included in the experiment. Their chronological ages were between fourteen and sixteen years, their mental ages ranged from 6 years, 4 months to 10 years, 8 months. The median mental age was 8 years, 10 months. The I.Q.'s ranged from 47 to 71, the median being 60. The

boys earned amounts varying from six to twenty-one dollars a week. They all lived at home and contributed what they earned to the family income except for a small allowance for spending money, usually from fifty cents to a dollar and a half. Their only recreation was going to the movies.

Some boys will undoubtedly become inmates of institutions whether they stay in school, are under supervision, or are on their own responsibility. Of the supervised group in question, one is in a reform school and another in jail. Of those who are working, only two have kept the same job during the time they have been under supervision. The others have changed frequently. The kinds of work done are listed below:

Carpenter's helper
Pin boy—bowling alley
Messenger boy
Helper—fish peddler
Helper on milk route
Barber's helper
Errand boy
Helper in garage
Helper in poultry market
Helper in shoe store
Painter's helper
Helping mother at home
Helper in electric-light firm
Plumber's helper
Odd jobs
Farm work
Factory work:
 Bird-cage factory
 Hardware factory
 Shirt factory
 Chair factory

This early experiment has proved valuable as a starting point for better organized after-care. Under the supervision of the school, the boys have shown an ability to make some of the difficult adjustments to industry that might never have been made had they left school at sixteen and tried to start their industrial careers without assistance. Some of the boys who have left our special classes at sixteen years of age in years past are now hanging around the streets, content to let some one else support them. It is probable that this could have been avoided in most cases if they had left school under supervision and had not been allowed to form a habit

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of depending upon odd tasks. The school can render service to society by using its legal responsibility for the child as a means toward getting him established in good habits of working, instead of loafing.

The boys changed work so frequently that the partial supervision was inadequate. They often had work that was temporary, or failed in the job and had to find something else. It was frequently impossible to help the boy just when he needed it. A more intensive type of supervision was necessary. Arrangements were made with the director of special education in the state department of education to allow some thirty boys, the equivalent of two special classes, to go to work under more intensive supervision. A former special-class teacher who is now a visiting teacher is undertaking the work. Her daytime hours are free for visiting homes and places of employment, and she is available whenever the boys need help.

This plan was put into operation in January, 1927, and has now been carried on for about a year and a half. Before each boy was allowed to leave, the visiting teacher talked with the principal and teacher in order to become acquainted with his work in school, his characteristics, abilities, and so forth. She also talked with the boy in school. The next visit was to the home, to explain to the parents the conditions on which the work certificate had been granted and to make a contact with the family. As soon as the job was obtained, the teacher visited the place of employment and talked with the employer to help his understanding of the boy and his interest in him. Employers have been uniformly interested and willing to assist the teacher in supervision. After the boys were definitely at work, they reported one evening a week to the visiting teacher at a school building centrally located. A second call was made by the teacher at the place of employment when the boy had been working for two weeks. Thereafter, visits were made at the homes and places of employment as the need arose. This arrangement of having the boys report once a week, combined with frequent calls at homes and places of employment, has served to keep the visiting teacher in close touch with the boys.

The fact that stands out most clearly is the difficulty the

boy has in finding the right job. The thirty-one boys in this group have been under supervision for periods varying from two months to a year and five months. The average period of supervision has been ten months. At intervals several boys have returned to school and one has been sent to the reform school. During the time they have been working the thirty-one boys have held a total of ninety-two jobs. Omitting the intervals spent in returns to school, which have lasted several months in some cases, this makes an average of about three jobs for each boy during ten months' work. Of course it has not worked out that way. Some boys have tried two or three places and found something that has held them for many months. Others have drifted from one job to another.

It may be interesting to note the types of work that have proved satisfactory. Twelve of the boys have worked as long as six months on one job. J. F., both of whose parents are working, has been taking care of the house and younger children. L. V. has helped on a furniture truck for eight months. He started at \$13 a week and is now getting \$17 a week. His work is very satisfactory. He gives his money to his mother. J. V. has worked on a farm for seven months, for his room and board. A. R. was most successful at shining shoes. He worked at the same place for nine months, starting at \$8 a week and working up to \$17 a week, including tips. He left because of an argument with his boss. The difference could not be adjusted, and he has tried four jobs since then, each of which lasted only a week or so. J. D. helped deliver milk, liked the work, but was paid only \$5 a week. After six months, he tried helping at a furniture store in odd hours, finally giving up the work with the milk man. He worked full time at the furniture store for two months, getting \$15 a week. This proved to be too hard work and he went back to the milk man for \$7 a week. He is still working for him. T. F. helped his brother in his garage for three months, getting \$10 a week. When business was dull, he worked in a factory for a month, but returned to the garage, where he has now been working for seven months. V. G. has been working on a farm for his uncle for a year and two months, receiving \$9 a week. L. D. V. has been helping deliver milk for a year, getting \$7 a week. A. B. has worked in a bird-

cage factory for a year. In the middle of the year he was laid off, but was taken back through the efforts of the teacher. F. V. has been working in a barber shop for nine months, getting from \$8 to \$10 a week. A. S. has been helping his father in his bakery for a year and five months, receiving \$12 a week. H. L. helped his brother in a bottling works on their own premises for a year. When business was dull, he went to work in a garage, but returned to help his brother after one month.

The work that the boys are able to do best consists of simple operations under immediate supervision, often as a helper to some one who is doing the work. Five of these twelve boys are working directly for members of their families. The others are employed where the number of their fellow workers is small and they come under the direct supervision of their employers. This fact, and the simplicity of the work required, is the explanation of their retaining their jobs for a comparatively long time. One might suspect them of being of a higher grade of intelligence than the others of the group, but this is not the case. The I.Q.'s vary, as do those of the less successful group. They range as follows: 45, 51, 56, 57, 62, 63, 65, 68, 69, and 71.

At the other extreme is A. D. C. (I.Q. 67), who has had twelve jobs in seventeen months. He started out quite well, working for five months in a factory, running errands. He left, saying that he had been laid off, which was not true. He was urged to return to the job, but stayed only one month longer. He earned from \$7 to \$9 a week. He then worked in a shoe-shining parlor for one month, but left because the hours were too long. To avoid sending him back to school, his father allowed him to help in his bakery. After two weeks he found a job in a shirt factory, again leaving after one week because the hours were too long. For one month he helped his father in the bakery; for two more, he worked in a shoe-repairing shop, getting \$13 a week. He was laid off because "work was slack". Then for two months he worked in a shirt factory, getting from \$6 to \$7 a week, but lost the job by going to the movies instead of to work. For one month he worked for the Postal Telegraph Company, but was discharged because he didn't obey the rules. He got

another job in a shoe-shining parlor, but left after a month. He returned to the Postal Telegraph Company, but left after two weeks because his father found it too expensive to keep his bicycle in order. He has now been working in a shoe-shine parlor again for a couple of weeks. His family is thoroughly discouraged with him, and the teacher is in much the same state of mind.

The other boys had a number of jobs lasting less than six months. In only two cases did they leave their first jobs because they found better ones. Again and again the reason given for leaving is "work slack", "no more work", "no longer needed", "business dull". This is the most frequent reason given for loss of a job and it almost invariably means that the work is not fitted to the worker's abilities. Many boys "just left" the job. An almost equal number found the "work too hard". A few boys said they didn't like the work, one or two that the job was dangerous. Four were discharged because they were troublesome. Two left because the wages were insufficient. One left because of ill health, another because the boys told him that he was to be laid off. In one or two cases some one else wanted the job. This goodly array of excuses indicates a lack of adjustment to the working world. Had these boys started off to work at sixteen with no supervision, many of them would soon have been contented to give up the struggle for self-support. Under the influence of the teacher and the threat of return to school, they have found jobs that seem to be promising. A few of the boys are showing the same unstable reaction that was evident in school. It seems doubtful whether any permanent or satisfactory adjustment can be made for that type. An institution that establishes colonies in which inmates can work under supervision seems to be the only adequate way to deal with these boys.

The table on pages 706-10, shows the mental ages and I.Q.'s of these pupils, all of whom are between fourteen and sixteen years of age. It gives also the kinds of work undertaken, wages, length of time employed in each job, and reason for leaving. An asterisk after an entry in the column headed "Duration of job" indicates that the boy is still at work.

It is surprising that so little difficulty has arisen in most cases outside of the frequent change of jobs. The boys have been able to adjust themselves to their other problems very well with a little help. Their earnings range from about \$3 a week to \$17 a week. No serious problems have arisen at home. The teacher has been able to help with some adjustments that have prevented real difficulty. Going to the "movies" one night a week is the boys' only recreation except in two cases. One of these is a member of a boys' club and spends every evening there. The other often goes to a settlement house near his home. Some means should be found to get all these boys interested in healthy recreation that will occupy their leisure as they grow older.

As the experiment continues, many interesting facts are learned as to the possibilities of various kinds of work. The visiting teacher finds that some factories have almost no types of work that can be done by the defective. Other factories can profit very materially through the employment of special-class graduates. Here it is to the mutual advantage of all—factory management, special-class pupils, and the school—to realize the labor possibilities of these pupils. The simple, monotonous tasks in the factory must be done by some one who will not become mentally disturbed by the monotony. The visiting teacher is learning where such jobs are to be found and helping to create an interested and understanding attitude on the part of the employer toward his worker of limited intelligence. Outside of the factory there are many simple tasks at which mentally defective boys can be very useful. Some one must run errands and help to deliver milk, coal, groceries, and other supplies. Here again the visiting teacher must help the employer to understand his worker and not place too much responsibility upon him. The recent experience of one of the special-class teachers is a good illustration of the necessity for this. Her milk order was never properly filled if she made any change in the daily amount. Watching for the man, to insist upon the right amount, she found that he had once been one of her pupils, who could not read the simplest note she might leave. He

MENTAL HYGIENE

RECORDS OF 31 MENTALLY DEFECTIVE BOYS AT WORK UNDER SUPERVISION.

<i>Boy</i>	<i>Period of supervision</i>	<i>Mental age</i>	<i>I.Q.</i>	<i>Job</i>	<i>Wages</i>	<i>Duration of job</i>	<i>Reason for leaving</i>
J.G.	1 year, 2 months.	7	56	Helping at press company. Returned to school. Helping shoemaker. Helping paperhanger.	\$3 (learning) \$3 \$3 \$3	3 weeks. 7 weeks.*	III health (mother dead, closely supervised by father); speech defect.
G.H.	1 year, 1 month.	8+	68	Shirt shop. Upholstery factory. Factory. Returned to upholstery factory (glad to get him back).	\$6 \$8—\$11 \$12	3 weeks. 6 weeks. 4 weeks. 22 weeks.*	Put on piece work—\$3 a week Factory satisfied—just left. Piece work—less wages.
J.F.	10 months.	7+	62	Taking care of house and younger children; father and mother both working.	....	.....	.....
L.V.	1 year.	8+	63	Screw shop. Furniture company helping on truck. (Very satis- factory; gives money to mother.)	\$13, \$15, \$17	4 months. 8 months.*	Work too hard.
R.P.	1 year.	8+	75	Bottling works (helping load trucks). Screw shop. Returned to bottling works.	\$6 \$11.60 \$7—\$10	7 weeks. 1 week. 4 months.	Tired of job. Work too hard. Left, because boys told him he was to be laid off. Has moved out of town.

MENTALLY DEFECTIVE CHILDREN AT WORK 707

A.A.	1 year, 3 months.	7+	68	Helper in office of trucking company. Ice wagon.	\$10 \$15	5 months. 5 months.	Concern went out of business No longer needed—cold weather.
N.S.	1 year, 1 month.	8	55	Driving bakery wagon. Bird-cage factory. Press work in factory. Helping plumber. Cleaning up in bowling alley and restaurant. Delivering bread.	\$6 \$8 \$11.25 \$10 \$7 \$7	5 months. 2 months. 1 week. 2 weeks. 3 months.*	Relative of boss wanted job. Didn't like work. Spoiled work. Unable to do work. Not enough work.
J.C.	9 months.	8	75	Shirt shop—odd jobs. Washing dishes. Factory—packing toys, helping assemble toys. Peddling papers. Helping peddler. Washing cars. Carpenter's helper. Returned to school.	\$5 \$12.50 \$10 \$7 \$10	2 weeks. 1 week. 1 month.	No work (troublesome?). Just left. Work slack.
T.L.	8 months.	6+	52	Setting up pins, bowling alley. Paint shop. Unloading fruit trucks.	\$8 \$10	1 week. 1 week. 2 weeks. 2 weeks.	Tired of work. Just left. Work unsatisfactory. Work unsatisfactory.
T.M.	10 months.	9	69	Shirt factory. Working on machine. Screw factory.	\$6 (reduced to \$3 and \$4 piece work). \$11.25 \$9—\$11.90	2 months. 1 week. 5 months.*	No work. Too dangerous. Often injured.

MENTAL HYGIENE

RECORDS OF 31 MENTALLY DEFECTIVE BOYS AT WORK UNDER SUPERVISION.

Boy	Period of supervision	Mental age	I.Q.	Job	Wages	Duration of job	Reason for leaving
L.D.A.	9 months.	8	52	Working on coal wagon. Screw factory. Toy factory.	\$8 \$11.90	3 months. 3 months. 2 weeks.*	No work—warm weather. Lost job—absent unnecessarily.
S.R.	3 months.	7+	46	Helping father on truck. Helping in tire shop.	\$7 \$6-\$9	2 weeks. 2 months.*	Not enough work.
E.W.	6 months.	9+	71	Very troublesome; couldn't get work. Worked for tailor one day. Sent to reform school.	....	....	....
J.V.	7 months.	7+	66	Working on farm.	Room, board	7 months.*	....
J.C.	5 months.	6+	56	Screw factory (satisfactory).	\$11	5 months.*	....
A.B..	1 year, 4 months.	8	56	Shirt shop. Bird-cage factory. Taken back at factory, but not satisfied with pay.	\$6 \$9 \$9	4 months. 7 months. 5 months.*	Irregular work. Laid off.
T.D.A.	1 year, 3 months.	8	66	Helping at grocery store. Delivery—fruit. Cigar shop. Odd jobs in factory.	\$6 \$7 \$9.90	2 months. 2 months. 1 week. 5 months.*	Work slack. Left without reason. Left without reason.
A.P.	1 year, 3 months.	7+	56	Bird-cage factory. Shining shoes. Shirt shop Returned to shirt shop. Several jobs in different shirt shops. Helping in news shop.	\$9 \$8-\$9 \$6 About \$6 \$7	3 weeks. 4 months. 2 months. 1 month. 2 months. 2 months.*	Disorderly. Cold weather—no work. Quarrel with boys. Just left.

MENTALLY DEFECTIVE CHILDREN AT WORK 709

F.D.V.	7 months.	Ash man.	\$6--\$8	4 months.*
A.D.C.	1 year, 5 months.	8+	\$7 Returned. Shoe-shining parlor. Helping father in bakery. Shirt factory. Returned to help father. Shoe-repairing shop. Shirt factory.	5 months. 1 month. 1 month. 2 weeks. 1 week. 1 month. 2 months. 2 months. Went to movies instead of work. Disobeyed rules. Just left. Too expensive to keep bicycle in order.
F.V.	9 months.	8+	\$8--\$10 Returned to Postal Telegraph. Returned to shoe-shine parlor.	1 month. 1 month. 2 weeks. 2 weeks.*
A.R.	1 year.	8	69 Shining shoes. Shoe-repairing company. Repairing and shining shoes. Fruit store, helping uncle. Delivering fruit and vegetables.	9 months. 1 month. 1 month. 2 weeks. 3 weeks.*
J.D.	1 year.	8+	68 Helping deliver milk. Loading trucks. Returned to milk man; helping at furniture store also. Worked full time at store; on truck, etc. Returned to milk man.	6 months. 2 weeks. 2 months. 1 month.*

MENTAL HYGIENE

Records of 31 MENTALLY DEFECTIVE BOYS AT WORK UNDER SUPERVISION.

<i>Boy</i>	<i>Period of supervision</i>	<i>Mental age</i>	<i>I.Q.</i>	<i>Job</i>	<i>Wages</i>	<i>Duration of job</i>	<i>Reason for leaving</i>
T.F.	11 months.	7+	51	Helping brother at garage. Helping make pliers in factory. Returned to garage (satisfactory).	\$10 \$11	3 months. 1 month. 7 months.*	Business dull. *****
J.M.	9 months.	7+	72	Shirt factory. Delivering for furrier. Odd jobs in factory. Helping father at painting.	\$5 \$9 Expenses	2 weeks. 2 weeks. 2 months. 5 months.*	Conditions not favorable. Holiday work. Older boy hired. Satisfactory.
V.G.	14 months.	7	45	Working on farm for uncle.	\$9	14 months.*	*****
L.V.D.	1 year, 3 months.	8+	57	Delivering groceries. Working at bird-cage factory. Delivering milk (fairly satisfactory).	.... \$7	1 month. 2 weeks. 1 year.*	Didn't like to work; returned to school. Tired of work. *****
C.V.D.	7 months.	3+	47	Working with ash man.	\$6—\$8	4 months.*	*****
A.S.	1 year, 5 months.	8+	65	Helping father in bakery.	\$12	17 months.*	*****
H.L.	1 year, 5 months	8+	71	Helping brother in bottling works. Helper in garage. Returned to help brother.	Living. \$7	1 year. 1 month. 4 months.*	Business dull. *****
A.G.	1 year, 5 months.	8+	73	Setting pins, bowling alley. Bottling works. Fruit store. Screw shop. Western Union. Billiard parlor. Tried return to school. Bowling alley, irregular. Bottling works.	\$8 \$6 \$11.90 \$8 \$7	2 weeks. 3 weeks. 3 days. 10 days. 3 weeks. 4 weeks.	No work. No work. Discharged (late). Stayed home. Couldn't do work. Just left. No work. Just left.

MENTALLY DEFECTIVE CHILDREN AT WORK 711

could undoubtedly help the milk man, but not where reading was required.

With added experience in helping these boys, it is hoped that most of them can be guided into the right job. Under supervision they can do many simple kinds of work that will make them self-supporting and render service to society.

This experiment is useful from another angle. Watching what is required of the boys when they leave school is helpful to teachers in training their pupils in school. Those who are working with mentally defective children are always alert to find new lines of activity that may have educational value. It is to be hoped that the school will learn of new training which may become a part of the school curriculum. Already certain simple operations that can be taken from the factory into the schoolroom have been used as a part of the special-class work. Under the patient instruction of a trained teacher, pupils can learn to do things that the busy factory would not take time to teach. As we enter upon this new work, it seems a most important step toward the better adjustment of the mentally defective child and the community.

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DR. A. GROENEVELD
Amsterdam

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¹ These three books of Dr. Van de Velde have also been translated into German.

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GEORGE L. WALLACE

PROGRESS in the treatment and care of the feeble-minded is halted suddenly as all engaged in it are called to pay tribute to a leader, falling in the seeming midday of his service—George L. Wallace. On the foundation of the superintendency of the Wrentham State School, at Wrentham, Massachusetts, Dr. Wallace had risen to the stature of the highest authority in the institutional care of the mentally deficient. Premiership in this field is unquestioningly accorded him. It was won by unremitting devotion to his task, from which there radiated the light of a strong, deeply sensitive, but thoroughly practical character engaged in an exacting service of humanity in one of its most needy phases.

Twenty-four years ago, Massachusetts decided to add a second school in furtherance of the policy which had supported and developed the pioneer institution, originally the handiwork of Samuel Gridley Howe and for many years the laboratory in which Walter E. Fernald had wrought his advancing projects of care and treatment and training. To the board of trustees, created by the act of 1906 and appointed by Governor Curtis Guild, was committed the primary responsibilities of choosing a site and naming a superintendent. The first was discharged by the taking of some five hundred acres of land, twenty-five miles south of Boston, a group of scantily tilled and semi-neglected farms. The second was easily met by the choice of the man who stood next to Dr. Fernald at Waverley, his assistant superintendent. He was clearly the indicated man for this undertaking.

Dr. Wallace was then thirty-four years old. He had come, in the first year of his majority, from his farm home in Nova Scotia to seek his future in the States. He had taken a straight path to the Waverley school. There is a tradition that he gained a place there only by persistence. His first duties were physical and elementary. He was presently rated a "mechanical attendant". The merit that won him advance was his skill in the understanding and helpful dealing with

the inmate boys. In due course, he obtained his medical degree from the Baltimore Medical College. Consistently with his temperament as it came later to be more widely known, he had simply served in the position he had won by industry and native worth, without a single act of self-aggrandizement. Devotion to Dr. Fernald and fidelity in the support of his leader's efforts absorbed his complete being, as indeed in later years his attachment to him was a guiding factor. As Dr. Fernald broadened his concern beyond the Waverley fences to the social problems that the presence of feeble-mindedness presented to the world, responsibility shifted more heavily to Wallace's shoulders, capable and ready as they were.

At Wrentham, a half-thousand acres were spread before him upon which he could chart an institution and proceed to build the units of an ultimate completeness. There hangs in the office of the modest administrative building a picture of the school to be, beside which one of the school as it is would be an almost lineal replica. The resemblance has virtue not as revealing an unyielding design, but as establishing the possession of a clear vision in the projector. Indeed, as the development progressed, there was no feature, however large or however trivial, that was not constantly subject to the test of the Wallace judgment of fitness. On came the architects and on came the contractors, at every step to be made aware of the presence of a practical director, ready to accept and resolute to reject or to mold. Up grew the organization to operate the expanding school, at every moment of their being to feel the exaction, not of a taskmaster, but of a loyalty that was almost magically inspired.

To those who knew Wallace closely in these days of construction, it seemed that he carried just one measure—that of the child to be served. Farthest from being sentimental, it was certain that he had the features of the child constantly envisaged. The earliest problems were met with a youthful enthusiasm, of which it is at this moment of his going the truest thing to say that it was identical in its buoyancy and joyfulness with the enthusiasm with which he directed the operations of the day before he died.

In the course of years, the accomplishments at Wrentham

attracted increasingly the world's attention. Dr. Wallace came to be seen as not only the practical builder of sensible buildings, but the understanding servant of the interests of the child in a peculiar state of need and, again, as a master of the philosophy of this service. The school, grown to many structures on a campus worthy of a college, came to be regarded as a high model. The methods of its care and training came to be a standard of measurement. The governments of states, facing now insistent requirements, and of other nations, came to Wrentham for guidance, and one after another such states called him here and there over the country to counsel and almost determine their course. In the fraternity of superintendents, he came to primacy with no conscious elevation above the most boylike comradeship.

Recognition of his value in the broader fields came to Dr. Wallace in election to The National Committee for Mental Hygiene and to its executive committee, to which he gave devoted attention for several years. He early served as president of the Association for the Study of the Feeble-minded and, with the approach of the recent International Congress on Mental Hygiene, was again placed at its head. At the conference, he was occupied in a measure by the meetings of his association, but presided with fine spirit over one of the important and, as it proved, one of the liveliest of the sessions of the International Congress. He was a member of several professional bodies, including the American Psychiatric Association.

It would be inadequate to speak of Dr. Wallace as many-sided. Such tribute leaves a margin for doubt as to some side not assured. The adequate estimate is that he was a rounded figure. It seemed that there was no demand of theory or practice that he did not meet. He was a normal being. In all relations, the happy home, the social contacts, the vacation in the woods, the personal affairs of the children and their often difficult relatives, the mutuality of interest with his workers, the jovial exchange of greetings at every turn within the school's bounds—these were the indices of a balanced, buoyant personality.

Two features, not forecasted because not of a recognized sort twenty years ago, were engaging Dr. Wallace in the days

that were not counted as final days. One is the group of nursery buildings, fascinating combinations of home and playhouse, one already in joyous occupancy by the little children, others under way. The other is the research laboratory, provided by this year's legislative appropriation, to be the seat of the fulfilment of his ambition that the school should be the radiating point of actual knowledge as to the feeble-minded in all its scientific and social features. Not new, but challenging a fuller attention, and enlisting his earnest thought, was the extension of social service to a fuller community appropriation.

The Wrentham School is Wallace's monument. There is no depreciation of all the aid that was given him in saying that he built it. There is not a brick in its buildings he might not be said to have laid. There is not a square inch of its broad fields he might not be said to have tilled. There is not a fruitful plant here that might not raise its head to do him honor. There is not a life now here or gone out from here whose heart might not be thought to beat more joyfully because he had touched it. There is not a community, facing the need of a specialized care for the mentally dependent, that might not be thought to have been helped to solution of its problem because he had somewhat shown the way.

HERBERT C. PARSONS.

TO YOUTH

Child, I would cherish you,
Not for my own,
But for yourself;
Help you to grow,
Holding your dreams
In the face of the world,
Helping you not to grow callous
And cold to the unseen.

I should not come too close
And stifle you with anxious care;
Merely be by
When life becomes too quiveringly real,
To give an understanding smile
That you may build about your dreams
No higher wall
Than you may leap with ease and frequency.
I would that life should always hurt you
And you be unafraid of pain.

Then having watched unwatched,
I would draw quietly aside,
Happy that you had grown
To need me by no more.

ELEANOR H. McCORMACK.

Akron, Ohio.

ABSTRACTS

SOME PSYCHIATRIC ASPECTS OF CROWDED LIVING CONDITIONS. By J. S. Plant, M.D. *The American Journal of Psychiatry*, 9:849-57, March, 1930.

Dr. Plant discusses here certain mental habits which in his opinion are definitely related to overcrowded living conditions. He bases his conclusions upon six years of experience as director of the Essex County (New Jersey) Juvenile Clinic, whose clientele includes children from both crowded urban centers and sparsely settled rural sections. In the children from crowded quarters, he has noted the following general tendencies: (1) an overdependence upon external resources due to the fact that the child never is alone and hence has practically no opportunity to develop a self-contained, self-sufficient individuality; (2) lack of any idealism with regard to the people around them, notably the parents, a result of living in such close contact with them that it is difficult to build up any hero-worship or identification phantasies about them; (3) lack of any idealism about sex, with the consequence that the child grows to value the physical sex life *per se*, rather than as a symbol of personal relationships; (4) "mental strain", due to the constant necessity of adjusting to other people, and evidenced in restlessness and irritability; and (5) inability to objectify themselves or the world around them—"they are so much in life that they cannot look at it".

The prevalence of these tendencies among children subjected to crowded living conditions suggests several interesting questions—for one, the question whether these traits persist into adult life. The fact that many adults show these same tendencies is evidence in the affirmative, though we have not enough data at present to warrant a positive answer. There is the question also of the effect upon the child of apartment life, which even among well-to-do families has some of the features of overcrowding. And finally there is the broader problem of the relationship between these mental attitudes and our cultural trends; in other words, is increasing urbanization developing in the nation as a whole the same traits that overcrowding develops in children? Certain of our present-day social phenomena would seem to indicate that this is the case, but here, again, not enough data are available for a positive statement.

SOME OF THE PSYCHOPATHOLOGY OF MARITAL MALADJUSTMENT. By George K. Pratt, M.D. *The American Journal of Psychiatry*, 9:861-68, March, 1930.

The failure of law, religion, and sociology to deal adequately with problems of marital maladjustment may be attributed largely to the fact that they have concerned themselves almost exclusively with the more obvious, external aspects of these problems. In the great majority of cases, the real cause of the maladjustment is to be found in mental mechanisms at work deep beneath the surface of the situation—mechanisms of which the participants themselves may be honestly unaware, and for which neither of them is particularly responsible. Some of these underlying factors Dr. Pratt discusses—emotional immaturity, sadism, homosexual tendencies, conflicting wills-to-power—and shows how they may operate to wreck such a relationship as marriage.¹ In dealing with cases of this kind, the psychiatrist seeks to uncover the hidden mechanisms and to treat them instead of the surface symptoms. Not infrequently, when a psychoneurosis has developed as a reaction to the marital difficulty, a divorce may seem indicated as a measure of therapy, but in such instances the psychiatrist must take into consideration the interests not merely of one or both partners in the marriage, but of the children also.

The best solution of the problem of marital maladjustment lies in prevention—prevention of the development in children of mental attitudes and emotional habits that will doom them to unhappiness and failure in the personal relationships of later life.

WHAT SHALL BE THE STANDARDS OF THE MENTAL-HYGIENE CLINIC?

By Elizabeth Greene. *The Modern Hospital*, 34:140-44, May, 1930.

The standards given in this paper are minimum standards for a mental-hygiene clinic connected with the out-patient department of a general hospital. They were formulated by a process of selection from the minimum standards for psychiatric clinics drawn up by three subcommittees of the New York City Committee for Mental Hygiene, after a survey—conducted jointly by the New York City Committee and The National Committee for Mental Hygiene—of the mental-hygiene facilities of New York City. The three subcommittees worked independently, and three reports were submitted—one by clinic directors, one by clinical psychologists, and one by psychiatric social workers. From the three it is possible to draw up a general set of standards, covering (1) clinic setting, (2) details of clinic management, (3) staff qualifications, and (4) examination and treatment of patients.

For the out-patient mental-hygiene clinic, the first requirement is that the hospital in which it is set up shall meet the standard laid down by the American College of Surgeons, that the other departments of the dispensary be equipped to give first-class medical aid, and that the hospital be able to finance the clinic adequately. It is desirable also that ward beds be available for such of the clinic's cases as can advantageously be studied or treated in a general hospital.

In regard to the management of the clinic, two points are stressed: the desirability of an appointment system—and promptness on the part of the staff in keeping appointments—and limitation of intake, so that the necessary time may be given to each patient. A graduated fee is also advocated.

The director of the clinic should be a psychiatrist, with a wide background of psychiatric education and experience. The psychologist should have had the preparation required by the New York State law for registered psychologists—two years of graduate work and three years of clinical experience. The psychiatric social workers should meet the requirements for membership in the American Association for Psychiatric Social Workers—a bachelor-of-arts degree from a college of recognized standing, or its equivalent, and either a degree from an accredited college of social work and one or two years of experience in psychiatric social work, or four years of experience in psychiatric social work. Assistant psychiatrists, psychologists, and social workers should have the same educational qualifications as their chiefs, though not necessarily as much experience. The size of the staff will naturally vary, depending upon type of service rendered and number of clinic hours. Six clinic hours is the minimum laid down by the New York City Committee, with a minimum of twelve hours of attendance by the psychiatrists. This would mean two three-hour or three two-hour sessions with two psychiatrists at each session. At least half an hour should be allowed for each interview.

In the field of treatment, emphasis is laid upon the importance of staff conferences and of follow-up work with patients who fail to keep appointments.

BOOK REVIEWS

INTRODUCTION TO MENTAL HYGIENE. By Ernest Groves and Phyllis Blanchard. New York: Henry Holt and Company, 1930. 467 p.

At last a textbook on mental hygiene—and a good one. The professions whose concern is the understanding and the teaching to others of the principles underlying the problems of human behavior have waited long for just such a book, and there is little doubt that none will be disappointed with the admirable text that Groves and Blanchard have so carefully prepared.

Of the sixteen chapters, Groves has contributed three and Blanchard the remainder. Without enumerating the actual chapter titles, one may say that the volume includes practically every phase of the manifold ramifications of mental hygiene. Problems of delinquency, of childhood, of adolescence, of marriage, of the school, of the college, of industry, of recreation, of religion, of literature as an escape mechanism, of the social worker, mental hygiene in relation to public opinion, and finally the larger aspects of the subject, are all given a place.

Two courageous chapters are those on marriage and religion. No one can write on either of these topics without serious danger of being misunderstood by both the informed and the uninformed; the former, of course, know all about them and are not likely to be receptive to new concepts, while the latter have never needed to be taught. And yet these difficult subjects are handled with remarkable tact and clarity. Discussing conflict and religion, Groves writes, "Within the domain of Christianity, especially Protestantism, religious conflict, primarily during the adolescent period, has been so common as to seem the normal experience." It has, on the contrary, been the reviewer's experience with college students that they are so seldom concerned with religion—in fact, regard it with such indifference—that it is rarely a problem.

Most useful are the exercises at the end of each chapter, with suggestions for classroom discussion and for written report. These are followed by a very complete bibliography pertaining to the chapter material.

There is no appeal to the morbidly curious; symptoms of gross mental disease are not discussed, and only sufficient case material is presented to illustrate the mechanisms involved.

Throughout, there is a note of conservatism and repeated cautions against over-enthusiasm and the dangers of expecting too much from

a new science which so readily lends itself to exploitation and charlatany.

One cannot speak to well of this book. It will have many uses, chief of which will be that of a text for beginners in mental hygiene, for which purpose it is obviously intended.

H. N. KERNS.

CHILDREN AT THE CROSSROADS. By Agnes E. Benedict. New York: Commonwealth Fund, Division of Publications, 1930. 238 p.

This book represents a study of the Visiting Teacher Work in three rural districts—Monmouth County, New Jersey, Huron County, Ohio, and Boone County, Missouri. The work was carried on under grants from the Commonwealth Fund, and was in each case taken over by the locality.

Well-written narratives of cases introduce the more formal discussions of community factors in maladjustment and home and school factors in maladjustment. In these discussions some of the misconceptions of rural life obtaining among city dwellers are clearly brought out as well as the actual handicapping factors themselves. Thus, the city resident, in considering recreational needs, is all too prone to view the situation as simply city recreation carried on in rural surroundings. Dearth of facilities, the impossibility of getting organized groups together, bad roads, the absence of any case-working agencies, are but a few of the considerations that militate against rural problem adjustment. Then, too, there is the relative smallness of the community in terms of population and the consequent relatively large importance of one individual's activities. There is thus far less chance of "living down" an evil reputation and being given an opportunity to begin anew. This same difficulty interferes with securing reports that will be utilizable in really obtaining court action in the cases of especially unfortunate children.

The problems that grow out of the very nature of rural life—*e.g.*, isolation, overwork, rigid control and over-domination, small schools—are freely discussed, with adaptive illustrations from the case narratives.

One cannot but be impressed with the worthwhileness of intensive case-work by an individual with the social point of view. Not all citations are successes, but even where surface success is not attained, it is often probable that certain fundamental adaptations and altered points of view have been achieved. There is, perhaps, a tendency to attach too much value to persuasive and other similar verbal measures. However, this is certainly not at the expense either of more concrete attempts or of understanding. And the reader has a feeling that at times this persuasion was the last bulwark of defense

in a fight against a state of affairs in which all too little concrete assistance was available. In fact, perhaps the very intensity of this "last ditch" attitude is what produces some of the results.

The increasing need for the teacher with the social point of view is manifest. The concept that the child is an integer, incapable of shedding a home personality for a school one, is adequately pointed out, and its relationship to teacher attitudes is discussed. Finally, the effects of constructive and intensive case-work on changing the viewpoints of the school people is indicated. This is recognized as the real lever for extending the work. In accomplishing these results, training and experience are prime essentials in the visiting teacher.

The reviewer finds the book clearly written, interesting, not loaded with verbiage, and with application of the cases cited to the more abstract discussions that follow. Rural school libraries need this book.

FORREST N. ANDERSON.

Child Guidance Clinic of Los Angeles and Pasadena.

THE NEUROSES. By Israel S. Wechsler, M.D. Philadelphia: W. B. Saunders Company, 1929. 330 p.

This book is intended, the author's preface tells us, primarily for medical students and practitioners. "Despite training in the field of neurology, whose roots reach deeply into anatomy, physiology, and pathology, and the emphasis of scientific medicine on the somatic or organic point of view, I have adopted the psychologic approach to the neuroses. For reasons which will appear in the text I have come to believe that psychopathology offers at this time the best understanding of the neuroses. And while I have not failed to discuss the organic, that is, the physiologic, neurologic, endocrinologic, and social-biologic views of the etiology of the neuroses, I have more or less consistently adhered to psychopathology in the study of causes and the treatment of patients."

In these sentences of his preface, Dr. Wechsler gives the key to his point of view and his attitude toward the neuroses. Dr. Wechsler, as an intelligent neurologist, found the psychopathologic approach the most fruitful one, and bravely adopted it. These sentences, however, coming as they do from one who is primarily a neurologist and trained, as he states, in the "organic" school, are more than an introduction to a book. They are a sociologic document. Dr. Wechsler is, of course, an exceptionally alert and enlightened neurologist; these sentences promise the dawn of a day when the resistance put up by less alert members of his particular specialty against all psychology and psychopathology will disappear.

It is important for an understanding of the author's point of view to realize that he is a practicing neurologist. This is by no

means a bad background for an approach to the neuroses; in fact, it is precisely the background that Freud had. It shows in many ways in this book, as the reviewer will make clear in specific instances, chiefly in the emphasis or in the amount of space devoted to one topic rather than another. If, for example, a "straight psychoanalyst" had written the book, more space would surely have been given to a detailed analysis of a single case of hysteria, and of a case of compulsion neurosis; less space to the topic of differential diagnosis. The reviewer concedes whole-heartedly the justification for the author's point of view. It is adapted to reach many who share it, and valuable to those who differ from it as an incitant to comparison and reflection.

The introductory chapter of the book is divided into two parts. The first part is an excellent condensed history of psychiatry from Hippocrates to the present day. Although this vast story is concentrated into seventeen pages, the author should not, I believe, have omitted the names of Bayle, Reil, and Kahlbaum. Bayle was the first to grasp the nature of general paralysis. Kahlbaum, who first named and described *catatonia*, deserves to be considered, perhaps more than Griesinger or Kraepelin, the best psychiatric thinker of the latter part of the last century. Reil should be mentioned for what we now call a psychologie approach. The reviewer would differ with the author also in his estimation of Heinroth. It is not sufficient to say of Heinroth, as Kraepelin does, that he taught that sin was the cause of insanity. Heinroth was undoubtedly a one-sided moralist, but in his views on "sin" he evidenced an appreciation of moral conflict as a source of illness, and in his conception of the development of the individual, foreshadowed some of Freud's conceptions. It was not entirely by coincidence that he referred to the conscience as an "*Über-uns*"! To Kraepelin, Heinroth's psychologizing seemed unfortunate, a retrogression from the somatic line that culminated in Kraepelin's own school, but post-Kraepelinians should recognize that Reil and Heinroth and the "*Psychiker*" of a century ago were the historical precursors of our present-day psychologically minded psychiatrists. It is doubtless not accidental that the most sympathetic appraisals of Reil should have been written by Adolf Meyer and William A. White.

The second part of the introductory chapter, called *The Development of Psychopathology*, is of course essentially a history of the study of the neuroses. It describes the discoveries and theories of Mesmer, Beard, Braid, Charcot, Bernheim, Janet, Prince, Wundt, Pavlov, Bechtereff, going on to Breuer, Freud, Jung, Adler, Bleuler, Kretschmer, and Kempf. The emphasis in this discussion is naturally on the importance of Freud's contributions. The author's account

enables us very well to follow the development of the theories and conceptions. At one point only does the reviewer find that the concentrated account might have been expanded—namely, more space might have been given to distinguishing between the cathartic method of Breuer and Freud and Freud's psychoanalytic method, which indeed grew out of it, but which nevertheless rests on very different principles, theoretic and therapeutic.

A passing reference to Charcot's definition of hysteria as a *psychosis*, not a *neurosis* (page 40), makes the reviewer wish that more had been said as to the history of these two terms. I suspect that as Charcot used them neurosis simply meant "neural process" and psychosis "mental process". This usage is, for example, still to be found in the writings of Sherrington and Drever, and biologists accuse medical men of distorting these terms into what for them is medical slang. Be that as it may, the term neurosis, as used in the title of this book, is very new. Kahlbaum, in 1863, referred to the psychoneurosis—general paralysis; and Krafft-Ebing's use of the term is totally at variance with our own. Therefore, it is probable that what Charcot meant to indicate was that hysterical manifestations are "mental" functions and not "neural" ones.

The second chapter, *Mental Mechanisms*, is a well-planned and lucid account of those mental processes which have been discovered through the study of the neuroses, dreams, hypnotic states, and so forth. The author takes up first a discussion of the rôle of instinct, psychic determinism; shows how, scientifically speaking, the border between normal and abnormal psychology has been washed out; and with a brief description of the free-association method passes on to a discussion of the unconscious. He gives pre-Freudian, Freudian, and Jungian conceptions of the unconscious, discusses mental topography, the complex (which, in the reviewer's opinion, is an obsolescent conception), and goes on to an enumeration and brief definition of such terms as conflict, repression, cathexis, regression, transference, identification, and so forth. The author's style stands him in good stead in this chapter, which is a model of clarity. Only in a few places does the reviewer see need for comment. Thus, the author's definition of the castration complex—"ideas, fancied or incorrectly inculcated in early life, that a phallic loss was sustained" (page 64)—applies, so far as the reviewer knows, only to women; in men the dominant idea is much more that under certain circumstances the phallus *will be removed* (*Kastrationserwartung*).

Through what seems to the reviewer an unfortunate choice of an example, the author gives the impression (page 80) that dream interpretation is a translation of certain symbols whose meaning is already known to the analyst. This is probably the least important means

of understanding a dream. The most important method is free association to the various elements that appear in the manifest content, until a new focus for the dream thoughts is found in them. In this chapter, too, the Freudian conception of introversion, as opposed to the Jungian, might well have been included. A sharper distinction between narcissism, an object relation in which the object is the person's own self, and auto-eroticism, an objectless state, might have been desirable. In spite of these criticisms, the reviewer holds the chapter to be a successful performance of a difficult task.

In Chapter III, *Etiology of the Neuroses*, the author gives a valuable comparative and critical account of numerous current theories. The somatic and physiologic theories are well evaluated, the evidence for them sifted. The part played by the glands of internal secretion (endocrinological theory) is discussed in the light of what we really know about the function of these organs. The various views on the vegetative nervous system, on suggestion, on social-biologic factors (McDougall), and inherent factors (Janet and others), are given critical attention. Finally a brief resumé of Freud's theories is given. For an analyst or one working in a limited field of psychopathology or neurology, this chapter, with its critical consideration of numerous points of view and its suggestion of future developments, cannot fail to be instructive.

Chapter IV, *Classification of the Neuroses*, follows Freud very closely, except that the author uses Kraepelin's definition of the term "paraphrenia", which, for Freud, includes both paranoia and schizophrenia. The reviewer would like to raise the question whether drug addictions, as we now understand them, do not belong with perversions and neurotic characters under the heading "other regression neuroses". In this otherwise very competent chapter, the reviewer feels that the author deals too summarily with the compulsion neurosis, and that, from the standpoint of presentation, he might have done well to discuss dementia praecox and manic-depressive psychosis separately.

Chapter V, *Clinical Manifestations*, is a brief description with short case histories of the symptomatology of the neuroses. Hysterical states and symptoms, anxiety conditions, compulsion neuroses, traumatic neuroses, and traumatic hysteria, occupational inhibitions, are presented and described. The chapter serves as an excellent introduction to a knowledge of that which its title promises—the clinical manifestations of the neuroses. Here the author's background as a neurologist is apparent; and those readers not primarily neurologists may learn what hysteria looks like as seen by a neurologist. The reviewer believes that more space might profitably have been devoted to the compulsion neurosis, with some description not only

of those symptoms which are manifestations of the repressing agencies (self-punitive symptoms), but also those which directly serve the instinctual or repressed side, such as incestuous or coprophagie phantasies; further, an indication as to how these two groups of tendencies are balanced in this neurosis (compromises, cancellation of one activity by means of its opposite, and so forth) would have been valuable.

The Diagnosis, Course, and Prognosis of the Neuroses is the title of Chapter VI, and it particularly displays the virtues of the neurological position. The reader is given the most common sources of diagnostic error, the differential points between certain organic diseases and their psychogenic simulators, and between neurosis and psychosis. The chapter may be read with profit by any one who comes into contact with neuroses, psychoses, or organic diseases. The prognosis of the various neuroses is ably discussed. It may be that the author is too pessimistic as to the possibility of real cure in the compulsion neuroses. Certainly many forms seem completely curable by analysis. The reviewer has never before seen the word "psychalgia" (page 231) used in the sense of psychogenically produced pain, but always as a synonym for "depression".

Chapter VII, *The Treatment of the Neuroses*, deals with physical, suggestive, hypnotic, reeducative, re-conditioning, and psychoanalytic methods, and evaluates critically the indications for the employment of the different methods. There is a general account of how psychoanalytic technique works, which gives a fair impression of it. However, in one point the author gives the reader a mistaken impression. He writes as if resistance were the same process as negative transference (hostility to the analyst). Resistance, however, is that force which in the analysis impedes the emergence of unconscious ideas; and a conscious hostility to the analyst may of course do so, yet the unconscious wishes which the patient is resisting may be positive (*i.e.*, affectionate or erotic) in nature. Indeed, the reverse state of affairs is much more common: a conscious over-affection or over-erotization of the relation to the analyst can mask real unconscious hatred, the hatred naturally being part of the infantile relation to the parent. Resistance indeed may arise quite independent of the transference. The wish that cannot get expressed may relate to an infantile memory, to some present-day relationship (for example, to husband or child), or to repressed material of any sort. For complete discussion of this point, the reader is referred to Freud's *Hemmung, Symptom, und Angst*, the Appendix entitled *Der Widerstand*.

The Appendix of Dr. Wechsler's book deals with the history and examination of patients, with a contribution by Dr. David Wechsler

on the general intelligence, mental level, and the psychoneuroses, which admirably brings together what has been said in this field. Psychometric tests conclude the Appendix.

If the reviewer has emphasized chiefly those points on which he differs from the author, it has seemed to him more important to do so than to discuss those other, much more numerous, points of agreement, which are not after all the points that would be discussed in a critical review. In general, the reviewer's opinion of this book is that it furnishes an excellent general, eclectic, clear, and interesting introduction and guide to the important subject of the neuroses.

BERTRAM D. LEWIN.

New York Psychoanalytic Society.

SOME SOCIAL ASPECTS OF MENTAL HYGIENE. Edited by Frankwood E. Williams, M.D. *Annals of the American Academy of Political and Social Science*, Part III, Vol. 149. Philadelphia: May, 1930.

Never has the application of new scientific concepts and methods been so widely discussed or so dragged out of the laboratory into the bright light of lay criticism, query, and comment as in the case of mental hygiene. As medical director of The National Committee for Mental Hygiene, Dr. Williams has been to a great extent responsible for showing the public what it is all about. In this issue of *The Annals*, both as its editor and as a contributor, Dr. Williams has presented in interesting, readable style the present stage of evolution of mental hygiene in its multiple aspects. He has given us material right off the griddle, one might say, by clinicians, mental-hygienists, educators, research workers, and institutional men. Their words are those of workers wrestling with the problems of personality and behavior in the complex life of to-day, which lends them the vitality of action, in itself convincing and arresting.

In this monograph three main aspects are presented: (1) general aspects; (2) mental hygiene in education and in mercantile life; (3) institutional treatment and community organization. The keynote of the symposium is given in Dr. Williams' introductory article, *Finding a Way in Mental Hygiene*. He shows concisely and at the same time dramatically the evolution of scientific methods in the study and treatment of mental disease and mental health and behavior, particularly delinquency, from the limited institutional, patient-doctor phases, the simple classification by type of condition, to the broader sociological, developmental, preventive, and prophylactic phases. The development of psychotherapy, particularly psychoanalysis, the emphasis on study and treatment of the emotions in childhood, the specialized application of social case-work methods to mental health, and the need of more psychiatrists, are all dealt with

in such a way as to show their reason for being, their problems, and their methods. As usual, Dr. Williams arouses the reader from a condition of passive absorption of words by pricking him into active participation in ideas and reactions of his own. The stimuli provided in this instance are the predictions he makes in the latter part of his article, characteristically entitled *The Coming Conflict and Opposing Philosophies*. To quote: "For what are we really doing [in mental-hygiene work]? We are substituting inductive for deductive methods in the field of human behavior. In the world of practical everyday things the battle has largely been won . . . One may observe bacteria, one may even dissect the once sacred body, but one may not so irreverently question, study, and dissect such things as character, personality, 'mother love', hate of wickedness, 'desire to save others', honesty, sense of duty, chastity, 'loving-kindness', the will to do right, or the perverse will to do wrong." As an illustration of the opposing methods of approach to behavior, he takes the law and psychiatry. "It is not a mere difference in terminology that stands in the way. Two distinct philosophies stand opposed to each other. . . . The criminal law is an example of a social instrument built up out of assumption and deduction until it has become phantastic and has largely lost, if it ever had, contact with reality. Success with delinquency will not come with the writing of now this new law and now that, with the remodeling and amending of now this law and now that, with a change of method here and a modification of technique there. Success will come only with the complete rewriting of the entire criminal law. . . . Law schools in America are interested in this matter, so that it becomes not alone the crying of psychiatric Jeremiahs nor the enthusiasm of an isolated group of teachers of law, but a matter full of significance." In conclusion he states that "into all social relations and the forces that hold them together—ethics, morals, religion—must come this same process and eventually the same recasting that will give them the reality they do not now have."

In the subsequent articles and the order of their arrangement in the monograph, one gets the feeling of the interrelationship between the problems of emotions and behavior—in other words, mental health—in regard to the feeble-minded, the mentally diseased, and the comparatively mentally well individual in childhood, at home, at school, and in industry. To be appreciated in all its implications, the monograph should be read as arranged. Sociologists, social workers, political economists whom it reaches will have no excuse for making separate categories of behavior and methods of approach if the true "inwardness" of these articles penetrates their particular prejudices.

The articles are well written and contribute significantly to current thought. An outstanding presentation of mental diagnosis is made by Dr. Van Norman Emery in *Mental Diagnosis and Probation*. His analysis of what a mental diagnosis is and the part it should play in treatment is of value as applied to all types of clinical work. In his conclusion he states: "In the present state of our knowledge a mental diagnosis may take many forms and be significant of many things. It may be a gesture, a flourish, an attempt to wave a magic formula. It may be a formulation in terms of problems of the individual, his assets and liabilities, his mental mechanisms, his behavior patterns, his psychological needs. It may be a formulation of the psychology of the situation, including the psychological relationship of the court and probation officer to the child. At best, in the present state of our knowledge, it cannot have finality. It cannot in many of its details be viewed as other than a tentative hypothesis—an hypothesis that adequately explains the present problem and present situation, that gives indications as to the probable causes and their interrelationship, and that gives clear indication as to appropriate treatment. In other words, an hypothesis the understanding of which will permit us to put ourselves in the place of the child and feel that under similar circumstances we would probably have been even as he is, an hypothesis that will permit us to work our way with the child out of those problems without and within that threaten him. . . . A mental diagnosis can be expressed in terms that would give indication of the part played and to be played by the court and the probation officer as they play their parts in the psychology of the situation. All of us as individuals have a certain indefinable feeling that we are different, a feeling that others may be a part of the psychology of the situation, but we are not, a feeling that we are somehow apart from it. This is an almost universal human fallacy. The truly big person intelligently recognizes his rôle and plays it with all his energies and resources."

The book reviews bring the reader into even closer touch with the professional thought of to-day in this complex field and will bear careful perusal for suggestions as to bibliographical material for reference in teaching. The one thing lacking in this symposium, which only Dr. Williams touched on in his own paper, is the non-clinical approach to mental health. This lack is not due to unskilled editing, but rather to the field of mental hygiene itself. It has not passed beyond the clinical phase, although the clinical approach has broadened out to touch life in all its relationships. The next chapter has yet to be written in the evolution of this new planet in the sky of thought.

HELEN L. MYRICK.

The Illinois Society for Mental Hygiene.

SCIENCE AND PERSONALITY. By William Brown, M.D. (Oxon.), D.Sc. (London), with a foreword by Sir Oliver Lodge. New Haven: Yale University Press, 1929. 258 p.

The author of this book is Professor William McDougall's successor in the University of Oxford, and, like him, is a physician with very considerable practical experience. The book is an expansion of a series of three lectures delivered at Yale University in March, 1928, on the Dwight H. Terry Foundation. The deed of gift of this Foundation declares that "the object of this Foundation is not the promotion of scientific investigation and discovery, but rather the assimilation and interpretation of that which has been or shall be hereafter discovered and its application to human welfare, especially by the building of the truths of science and philosophy into the structure of a broadened and purified religion". The cardinal principles of the Foundation are stated to be "loyalty to the truth, lead where it will, and devotion to human welfare".

Having gone through the book, one feels that it probably would have been a better book had it consisted of the published lectures only. The inclusion of a number of addresses and papers presented on other occasions produces for the reader a sense of disjointedness and lack of coherence that is a bit exasperating. This is heightened by the repetition that is almost inevitable under the circumstances. However, one is left with no doubts as to the author's versatility or of his catholicity of interests and knowledge. He covers a broad range—from the mathematics of Relativity and the Quantum Theory to ethics, from cold formulæ to the cloudiest of philosophizing. If the book were intended to be a collection of individual essays, one could find little fault, but as a connected "study of the psychological workings of the normal and pathological mind in relation to personality, with emphasis on the association between faith and mental health", one feels the lack of unity just noted, and a lack at times of the austere determination to put facts forward in that dignified and logically uncompromising way that is the essence of the scientific method.

The book opens with a very appropriate quotation from James's *Varieties of Religious Experience*, and on and about this as a text the author sets out what he takes *religion* to mean—viz., "the attitude of the individual towards the universe so far as he envisages it as something upon which he completely depends and to which he attaches ultimate value". He does not wish us to think of "religion" in any particular theological or ecclesiastic sense, but, at times throughout the book, he leaves us uncertain as to which sense

he intends when he uses the term—sometimes one sense, sometimes another.

Short, concise statements on Relativity and the Quantum Theory follow—very good in substance, but not very certainly connected with the main purpose.

Much of the remainder of the book is taken up with a statement and critique of modern psychological views on mental unity and dissociation, conditioned reflexes, repression, instinct, suggestion, the unconscious, analysis, and psychotherapy. Quite frequently one notes an apparent unwillingness to accept frankly the language and views of the Freudians *et al.*, and yet the substitutes offered strike one as being largely distinctions without a difference. On the whole, however, the expositions are fairly conceived and fairly put.

The section on religion and health starts out with great promise as a well-balanced and logical statement on forms of psychotherapy and spiritual healing, but the last paragraph leads one into vague ground strewn with sacrifices to dogma and will prove unsatisfactory to many.

A short section on personality in art is also unsatisfying, but only because it comes to an end too soon. One could wish that the author had gone on to considerably greater length in dealing with a decidedly interesting subject.

The book nears its end with two fairly long sections on one of Dr. Brown's great personal interests—psychical research. They are interesting, and gentleness characterizes the instances cited and the attitudes taken.

The concluding statement on faith, love, and personality gives full fling to the author's evident yearning for the religious and philosophical and seems to be an attempt to correlate science and philosophy with "the broad and passionate dogmas of popular faith"—a procedure from which there seems little to gain and from which dissatisfaction is almost certain to arise.

There is excellence of diction in the book, the scientific material is sound; as essays, the individual parts are, on the whole, very good. It is as a continuous exposition of the subject proposed that it is a little less than satisfying. Dr. Brown selected a vast subject, in which glimmers of brightness are set in vast areas of uncertain twilight or real darkness, and while we may peevishly ask, "Where is the way where light dwelleth?" we cannot doubt the zeal of the author, nor, being keenly aware of the vagueness of our own concepts, can we withhold a sympathetic appreciation of his difficulties. One may venture to reconvert that quotation from Francis Thompson which Dr. Brown himself uses in another connection:

"I dimly guess what Time in mists confounds,
Yet ever and anon a trumpet sounds
From the hid battlements of Eternity.
These shaken mists a space unsettle, then
Round the half-glimpséd turrets slowly wash again."

A. T. MATHERS.

Psychopathic Hospital, Winnipeg, Canada.

TECHNIK DER PSYCHOANALYSE. II. DIE ANALYTISCHE REAKTION. By Otto Rank. Leipzig und Wien: Franz Deuticke, 1929. 121 p.

WAHRHEIT UND WIRKLICHKEIT: ENTWURF EINER PHILOSOPHIE DES SEELISCHES. By Otto Rank. Leipzig und Wien: Franz Deuticke, 1929. 112 p.

SEELENGLAUBE UND PSYCHOLOGIE: PRINZIPIELLE UNTERSUCHUNG ÜBER URSPRUNG, ENTWICKLUNG, UND WESEN DES SEELISCHES. By Otto Rank. Leipzig und Wien: Franz Deuticke, 1930. 193 p.

There are three stages in the development of good conscience in mental-hygiene workers. In earlier days any one who had abundant faith, love, and pity felt well prepared for this work. Parents relied on their instincts, their traditional rules, and their proverbial maxims in child-training; teachers idealized unlimited authority; and social workers trusted the promptings of pity.

The second stage in the development of conscience in mental-hygiene workers is largely the product of psychoanalytic discoveries and psychological research. It is now widely admitted that some training is desirable. Parents and teachers begin to doubt their infallible instincts; enthusiasm, love, and pity are not enough. Parents begin to seek advice by attending child-guidance clinics and lectures, and by reading psychological books and articles. But at this stage parents, teachers, and social workers are often conscientiously content to acquire some psychobiological information.

The third stage in the development of conscience in mental-hygiene workers is mainly due to the post-analytic schools, in particular the work of Adler and Rank. In the first stage good feelings were the chief qualification; in the second stage clear knowledge was added; in the third stage a well-balanced will is also required.

The psychoanalytic school gave a bad conscience to many parents and other reformers, but failed to provide an adequate and practical technic for their personal training. The Freudians have succeeded in convincing some doctors that medical and psychiatric knowledge is an insufficient preparation for psychoanalytic work. The International Psychoanalytical Association requires that all its members submit themselves to an analysis before they can have a good

conscience in doing analyses of others, because the personal experience seems to be the indispensable way of removing the "blind spots", giving the technician emotional control and adequate insight. But if the psychoanalyst must be analysed before he can safely help the patient, why not the parent, the teacher, the social and penal worker? The evidence shows that in so far as the analytic experience is a training of the will, it is a valuable aid in the untechnical work of forming and reforming the human character. In the reform school near Vienna, for instance, August Aichhorn was able, when analysed, to do excellent work in training the toughest adolescents without the use of psychoanalytic technic on his students.

The very nature of the psychoanalytic method makes it impracticable in the great majority of cases. It is a very long method, lasting for months and often for years. As a rule only very passive and very miserable persons can stand the strain or the expense. Relatively healthy persons are generally repelled by the association of psychoanalysis with nervous and mental disorder, fearing the social stigma of submitting as "patients" to a method that is chiefly applied to cases of neurotic and perverted behavior.

If Freud's prolonged attempt to recover the past were the only available method of training for mental-hygiene work, the good conscience would be hard to attain. But the demand has brought the supply. First to be mentioned is Jung's attempt to reduce the length of analysis by stressing current conflicts, and by concentrating on the synthetic balance of functions. But in elaborating his theory of types, Jung failed to find a clear dynamic basis for a generally applicable method. For using ethical power and anagogic interpretations in his method, Jung has received the opprobrious label of prophet. Though Stekel devised a shorter technic, he wished to confine its use to physicians for serious pathological cases. Adler, with his pedagogic and sociologic interest, realized the need for training, but failed to develop a method that adequately expressed his individual psychology. Instead of working on the will conflict in the technical situation itself, he followed Freud, Jung, and Stekel too closely in attacking the complexes and conflicts of the past and the present, outside the psychologist's office.

The latest in this series of original contributions to our problem is Rank's theory and therapy of the will, set forth in his *Truth and Reality* (*Wahrheit und Wirklichkeit*) and in the second volume of his *Technik der Psychoanalyse*. As a training for parents and other mental-hygiene workers, this method seems at the moment to be the most adequate and practical. In the first place, it embodies the strong points in all the earlier theories and technics, avoiding the overemphasis inevitable in the pioneers. Secondly, being relatively

very short, it can be used by busy persons without a prohibitive loss of emotion, time, and money. Thirdly, it avoids the disintegrating effects of the more unbalanced analytic methods, and employs new devices that hasten the constructive training of the will in the art of balanced self-direction, expression, and control. Fourthly, those who have been able to compare this new method with the old ones feel sure that a step in advance has been made. My own experience will serve as an example. It happened that when I went to Vienna, Freud referred me to Rank for my analysis. This was in 1923, when Rank was still using a modified analytic technic and had not yet severed himself enough from the powerful influence of Freud to be able to make his own contribution to theory and technie. After years of work with this left-wing technic based on the *Trauma of Birth*, I adopted the new method of psychological training outlined in the two books mentioned above. Working chiefly with healthy individuals who wished to increase their insight and power to deal constructively with their marital, parental, business, and social problems, I found that better results were obtained in much shorter time.

The development of Rank's new theory and technic has been meteoric. Some critics have been puzzled and misled by the sudden change of point of view and emphasis. This change was due in part to Rank's quick escape from his Freudian fetters, and in part to the psychological necessity of intense concentration on one point at a time. A clear assertion of one aspect of truth implies a temporary turning away from another; an appreciation of the new depends on a relative depreciation of the old.

The *Trauma of Birth*¹ already stands out as a landmark of chiefly theoretical interest. In this essay, which starts with a single thesis and ends with a complete philosophy of culture, Rank goes back the better to jump forward. Psychoanalysis is shown to be too historical and yet not historical enough—too historical by excessively indulging the will to escape to the past and to deny the more painful present; and yet not historical enough in denying the more fundamental mother attachment and severance behind the secondary Oedipus situation. Before Rank could complete his own contribution, he had to get sufficiently severed from Freud. At that time, therefore, he had to indulge his will to be attached to the past by writing of birth as a trauma.

In the *Trauma of Birth* and in the first volume of the *Technik der Psychoanalyse*, Rank is still struggling with the hopeless task of stating his theory and technie in Freudian terms. After clearing the

¹ Since the above was written, Rank has referred to this book as the consistent application of the causal analysis that led him back from history to psychology. See his not yet translated *Seelenglaube und Psychologie*.

way in the *Grundzüge einer Genetischen Psychologie*, Rank has created his own molds in *Wahrheit und Wirklichkeit* and the second volume of his *Technik*, making a theory and therapy of the will. Whatever the academic psychologists may think of Rank's bringing back the banished will to psychology, the new formulation is pragmatically justified. It works; it is easy for students to grasp; it enables them quickly to begin their coöperative work outside the psychologist's office; and by throwing new light on many obscurities, it satisfies a healthy intellectual interest without causing an undesirable preoccupation with technical terms.

Though one cannot predict a very long life for any one contribution to such a quick-growing science as psychology, for the moment at least I find the most satisfying theoretical basis for the practice of psychological training in Rank's idea of the will—or, to put it dualistically, the wills. From this point of view the two basic tendencies in human life may be termed the self-will and the social will, or the will to take power in the self and the will to give power to the object, or the will to difference and the will to likeness, or, again, the will to be separate and the will to be attached. By the all-or-nothing principle, each of these wills tends to draw all power to itself away from the other. From the study of these facts, Rank was led to discover the fundamental psychobiological tendency to denial of the will. This principle of denial, of which Freud's repression and verbal negation are secondary and particular manifestations, is shown to be of great theoretical and practical importance. In the course of psychological training, one learns to avoid an excessive denial of the self-will and the social will. By a more economical and balanced use of power, one can safely indulge some self-feeling and some social feeling without the production of morbid tension and conflict.

From his psychology of the will follows Rank's theory of the feelings and thoughts. Each of the two wills has a set of thoughts and feelings in its service. The self-will seeks to deny the social will by means of such severing feelings as contempt, suspicion, envy, jealousy, anger, and hate, and by means of such cutting activity of thought as sarcasm, criticism, analysis, condemnation, and caricature. The social will seeks to weaken the protest of the self-will by means of such feelings as sympathy, love, friendship, and mystical communion, and by means of such unifying thoughts as similes, metaphors, synthetic judgments, and universal laws as satisfy the longing for unity and harmonious peace.

Here, then, is a basic, ineradicable contradiction in human nature. And the more individualized we become, the harder it is for the two wills to coöperate and to find enough sanely constructive outlets. The more the self-will is satisfied, the greater may become the fear and

guilt at this one-sided severance from objects. The art of life is to find some balanced way by which both wills can be sufficiently satisfied without an excessive denial of the claims of the one by the other. Well-balanced behavior can be read both ways—just as dreams must be compatible with the active will to take power and develop as well as the passive will to give power to the object and cling to the past. The full title of Rank's work might be *The Trauma and the Triumph of Birth*. Not only birth, but all severances by thought, feeling, and deed, are like wounds to the will for attachment. But birth itself is as much a triumph for the self, the will to be free, as the later individual and ethical regenerations and intellectual liberations. Consequently, the boy's fear of castration may be a greater trauma to the active will than the process of birth, as Ferenczi maintains, and yet birth is obviously a greater trauma for the will to be attached, as Rank has shown—since at birth the severance actually occurs, whereas castration is at most an unrealized fear.

The new theory provides a sure criterion for judging the various existing methods of giving psychological help. At the one extreme, we see the hypnotic method, in which the patient gives all power to the hypnotist, claiming none for himself; at the other extreme, we see the auto-suggestive method in which the self-will takes all power to itself, giving no power at all to any technician. Less unbalanced appear the various developments of psychoanalysis, though the technics of Freud, and, to a lesser degree, those of Adler, Stekel, and Jung overindulge the will to escape from the painful present situation in the self to the relatively painless past or to present conflicts with persons. Moreover, the Freudian method, by its relatively great length and its lack of a technical device to promote severance, involves a one-sided and excessive indulgence of passive attachment, often making severance and self-direction impossible.

In this connection the recently published case of Freud's "Wolfman" patient is instructive. This Russian came to Vienna, and after years of analysis by Freud, went home freed from some of his symptoms. All went pretty well till the Russian read in the newspaper the news of Freud's serious illness and possible death. Firmly attached by his years of analysis, this man could not bear to face life without Freud. By means of new symptoms, the Russian justified his desire for a closer attachment with Freud in a second analysis. This time Freud decided to refer his patient to Dr. Ruth Mack Brunswick, who has written an account of her analysis in the *International Journal of Psycho-Analysis*.¹ So thorough had been Freud's

¹ See "A Supplement to Freud's 'History of an Infantile Neurosis,'" by Ruth Mack Brunswick. *International Journal of Psycho-Analysis*, Vol. 9, pp. 439-76, October, 1928.

probings that no further important infantile material could be found. Practically the only task to be accomplished was to break the patient's attachment to Freud. But it is a question whether the patient has not merely changed the object of his unbalanced attachment. If too much power is allowed to escape in prolonged and excessive dependence, not enough is retained to develop the will to take limited power, to keep at an adequate distance, and finally to sever the self from the psychologist enough to make self-direction desirable, without denying the technician's power to the extent of refusing to carry on the work of development alone.

By stating the conflict in psychological terms of will and feeling, the necessary training can be freed from the doubts and debates that have attached to the methods of historical analysis. The student's conflict of will may be plausibly hidden behind a presentable doubt about the Oedipus complex and the trauma of birth; the essential will conflict must soon come to light if the technician can tackle the much harder task of unmasking it first in relation to his own technical will and then within the student's own self.

By the new method the indispensable qualities for good parents, teachers, and social workers can be more easily and quickly developed—the ability to keep at an adequate emotional distance; the power to find the healthy mean between the extremes of giving and taking too much liberty; the will to be limited by the constitutional factors of fate without losing faith in some creative freedom of will; the capacity to reduce the pain of partings by avoiding the arousal of excessive gratitude and guilt; and, above all, the ability to find enough constructive outlets for one's own feeling and will apart from the parental, pedagogical, and social situation. Only a personal training in the art of balance can adequately fit the individualized human being for the delicate and difficult task of training and helping others to gain or regain a healthy balance, to avoid such distorted developments as excessive erotic attachment, neurotic inferiority and guilt, or delinquent desire for detachment and perverted denial of love.

CAVENDISH MOXON.

San Francisco.

CANADIAN PENAL INSTITUTIONS. By C. W. Topping. Chicago: The University of Chicago Press, 1930. 126 p.

Dr. Topping has displayed considerable thoroughness in the preparation of this book. Beginning with an interesting historical review of Canadian penal institutions, he proceeds with a statement of modern standards for the treatment of inmates of penal institutions in countries other than Canada. This is followed by an explanation and discussion of the present organization of the Canadian system of penal

treatment. A fitting tribute is paid to the present Superintendent of Canadian Penitentiaries, William St. Pierre Hughes, for his long and creditable record in the penitentiary service. The policies and program of General Hughes are set forth in detail, and are worthy of careful examination and emulation.

Dr. Topping treats his subject with refreshing frankness. Good features are wisely emphasized, and weaknesses are disclosed to the smallest detail. The strength of the Canadian penal system, according to Dr. Topping, is traceable to six factors: the quality of the officers, who are retained for long periods in the various services; the excellent traditions upon which the different types of institutions are built up; the building programs authorized and supported by the Dominion and provincial governments; a discrimination that sends one man to a jail, another to an industrial farm, a third to a penitentiary, a fourth to a mental hospital, and a fifth to the gallows; and finally a policy of experimentation which encourages evolution rather than revolution within a given service. As to the weaknesses, he lists, first, the tendency of the Dominion and provincial governments to regard safe and sanitary buildings as the end of, rather than the beginning of, a sound penal program; second, lack of facilities for the training of guards, wardens, and so forth; third, the failure of those in charge of industrial farms to care for the mental well-being of their wards; fourth, the existence of the county-jail system; fifth, the heavy case load of those who supervise persons on probation or parole; and sixth, the absence of studies of the results achieved by the Canadian penal system.

The care of the sick in Canadian penal institutions is described in an appendix by Dr. Malcolm T. MacEachern, who discloses interesting and useful information.

This little book is most earnestly recommended to all those who are interested in penology. The work is commendable for its arrangement and subject matter throughout.

E. R. CASS.

The American Prison Association.

POSSESSION: DEMONIACAL AND OTHER AMONG PRIMITIVE RACES, IN ANTIQUITY, THE MIDDLE AGES, AND MODERN TIMES. By T. K. Oesterreich. New York: Richard R. Smith, 1930. 400 p.

This is a comprehensive study of possession, chiefly demoniacal, in all parts of the world from earliest times to the present. It is rich in case material gathered from available literature in different countries and periods, with discussion as to explanations both ancient and modern. The author is a professor at the University of Tübingen. The dates of the original German and later French editions, from

which the present translation is made, are not given. Until we noted that the author's Foreword is dated 1921, we had judged that the book was written not later than 1915, as one finds no references to psychological literature later than 1914, the report of a case (approximating schizophrenia) in Halle by Schilder being of that year. Up to that point the book is an interesting, carefully prepared and documented work. There is an excellent index.

As to belief in spirits and demoniacal possession in the modern civilization of Central Europe, the author states that there are three spheres in which it still survives: (1) in strict Catholicism, "which takes its stand upon the past, but also admits modern cases"; (2) in the right wing of Protestantism; and (3) in Spiritualism. As to Protestantism it is stated that belief in possession, although it is not completely dead, has received its deathblow, due to the work of Semler, Schleiermacher, and David Friederich Strauss. As to Catholicism, the author quotes Taczak's question (1903), "Why must the Catholic firmly believe that possession is still possible to-day?" and his reply, "Because the New Testament accounts of the words and acts of Jesus and His disciples establish as an indubitable fact that possession has existed in a numerous succession of cases and because that is the Church's conviction."

Current Catholic views on possession have recently been the subject of a systematic general review in a large volume by Johann Smit, *De daemonicis in historia evangelica* (Rome, 1913), and the author apparently gathers from this that "at bottom the demonological theory of primitive Christian times is immutably perpetuated by the Catholic Church. The change is only in the effective influence exercised by this conception, which has diminished." He quotes the following from Pruner's *Lehrbuch der Pastoraltheologie* (Paderborn, 1900):

"When a state of possession declares itself as probable, the whole case should be reported to the bishop, and it should be left to his judgment whether the grand exorcism should be applied. Every priest has the right to use the simple exorcisms ordained in baptism and the other ecclesiastical benedictions without authorization by his superiors. But for major exorcism, when it is to be accomplished publicly and solemnly, as well as for *Exorcismus in satanam et angelos apostaticos*, recommended by Pope Leo XIII (d. d. 18 Maii, 1890) episcopal authorization is always indispensable."

The best general survey from the modern Catholic point of view in all its aspects is found, the author states, in the widely used *Handbuch der Pastoralmedizin* (1900) of Stöhr, in which it is stated:

"The possibilities of maladies caused by demoniacal influences must be accepted by every Catholic believer as a fact beyond doubt. At the time of Christ it was a revealed truth: later the greatest doctors of the

Church and her legitimate organs unanimously declared that this conception must be considered as an article of faith. So far as the present is concerned I believe, without being a professional dogmatist, that from the point of view of Catholic orthodoxy no one can advocate the contrary view. There are also demoniacal maladies radically different in their etiology from the pathological manifestations due to natural influences, and these human maladies are due, under God's will, to supernatural forces and the might of evil spirits. If we add yet a second thesis to this definition—namely, that the remedies of the Catholic Church, sacraments and particularly exorcism, should be regarded as the most fruitful and the best authorized (although not infallible)—we shall have exhausted in this difficult question the strict truths of the established faith, that is to say, what are for us the indubitable facts."

Whether there has been any change in the Catholic point of view since 1900, the book does not state. One wishes there might have been later citations in this field as well as in the field of psychology. Nevertheless, up to 1915—and this includes the more important periods, of course—the book is a highly satisfactory study of demonology.

FRANKWOOD E. WILLIAMS.

The National Committee for Mental Hygiene.

SOCIAL PSYCHOLOGY. By Bernard C. Ewer. New York: The Macmillan Company, 1929. 436 p.

This is a new book on social psychology, but written for the most part along the old conventional lines. Indeed the author makes no claim to original material, stating in his preface that the only distinctive features of the book are "its explicit statement of the higher and lower levels of social processes and its emphasis upon thought as a supremely important social function". To this the reviewer might add that instincts occupy a position of less importance than is usual in works of this sort and that a note of conservatism is manifest throughout; in matters of a controversial nature, such as the Freudian theory or heredity versus environment, a strict middle-of-the-road attitude is maintained.

The subject is treated under four heads—*Fundamental Principles, Individuality, The Social Order, and Appendices on Social Behavior and Systems*. The last is a miscellaneous group covering speech, laughter, play, art, music, religion, philanthropy, and patriotism.

The author directs attention to the need for scientific study and expert control in all social problems. Political and social development by a process of "muddling through" can no longer be condoned. The chapter on social control is one of the best. Here is no quibbling or straddling of issues, just pointed and fearless discussion. "Punishment both among animals and by mankind is originally vindictive or

retaliatory, the angry reassertion of authority by the injured individual or group." "Deterrence depends much more on prospective certainty of punishment than its severity."

In the chapter on social learning, one reads that "social evils can be avoided by inculcation of sound ideals and moral discipline", and in the discussion of crime, that "the heart of the problem of eliminating crime is the need of moral education". We have heard a great deal about education as a cure-all for the ills of mankind, and certainly no thoughtful person will underestimate its importance in the prevention of social evils. But if recent studies in criminology reveal one thing more than any other, it is the close relationship between crime and emotional instability or emotional immaturity. Why not, then, direct some of our educational efforts to this phase of mental life?

H. N. KERNS.

THE PSYCHOLOGY OF HAPPINESS. By Walter B. Pitkin. New York: Simon and Schuster, 1929. 419 p.

The title of this book alone should be enough to frighten off the book-wise. The more gullible will search in vain for the promised secret, while the calloused and adventuresome will read with fingers crossed, prepared in advance for disappointment—and will find the book unexpectedly interesting and not a little entertaining. The bulk of the volume (350 pages) is devoted to personality analyses of prominent historical characters and cases that have come under the personal observation of the author. The former, notwithstanding here and there a display of extreme partisanship, afford entertaining, even fascinating reading. In comparison, the author's own cases are flat and tiresome, and their number is far too large.

In the last chapter, *How to Live Happily*, the author points to the lessons to be learned from the biographical sketches and attempts to extract therefrom the secret of happiness. After considerable speculation as to the psychological basis of happiness, such as simplicity and a proper combination of wishes, and a proper balance between ambition and ability to achieve, he concludes that "health is the first foundation of ordinary happiness, regardless of the special wish pattern . . . Medicine and hygiene contribute more to the enlarging of personality than psychology and psychiatry ever can." When one considers that fully 75 per cent of patients who go to the physician are suffering from what are essentially mental disorders, one cannot allow such a statement to pass unchallenged.

Happily the author has some appreciation of the limitations of his book, for in the early pages he writes: "It is by no means the last word on the subject, rather it is the first." H. N. KERNS.

THE PSYCHOLOGY OF SPEECH. By Sara M. Stinchfield. Boston: Expression Company, 1928. 331 p.

In her preface, Miss Stinchfield states that this book was written to "meet the demand for a practical, modern handbook for use in departments of speech, dramatics, schools of expression, oratory, and in the departments of psychology where research work in speech is under way, and in teacher-training institutions where there is interest in securing a working knowledge of language development, relation of speech to the instinctive and emotional life of the child, fundamentals of expression, elements of normal tone production, speech measurements, and the personality of the speaker, as well as the personnel of his audience". This is certainly an ambitious task to undertake. Several books would be required to present adequately what we know about the various fields listed above. Therefore, I feel that Miss Stinchfield has given only a compilation of reference material which may stimulate us to exhaust more completely the various topics suggested.

The first 170 pages deal with the evolution, the anatomy, the physiology, and the physics of speech. One begins to wonder where the "psychology of speech" is going to come in. It finally makes its appearance in the chapters, *Instinct, Emotion, and Feeling in Speech*, *Mental Imagery and Imagination*, *Intellectual Elements in Speech*, *Social Aspects of Speech and Personality*, and *Speech Measurements*, which occupy the remainder of the book.

Because Miss Stinchfield justly implies that speech is the most important and the most complex of human activities, I feel that she is wholly justified in devoting so much time to the physiological and physical aspects. More specifically, the author holds throughout the book that speech is the most important personality trait—the most personal of the individual's overt acts. Further, there is no doubt about her position that a speech defect constitutes a personality defect. However, I can't quite agree with her when she states that a good home environment would practically eliminate the possibilities of speech disorders. Too many speech disturbances are based upon such definite neuro-physiological and anatomical abnormalities of the central and peripheral mechanism of speech that they are quite beyond the ordinary environmental influences of the home and school.

Again I would take exception to listing only "the motor speech area of the brain and the nerves which convey to the speech organs the motor speech impulses" as the fifth mechanism of articulate speech. Why not include the various sensory and associative areas of the cer-

ebrial cortex, which are at least as important as the motor areas? There is good evidence to show that the higher associational cortices are probably the most important parts of the brain in speech production, and that the motor areas are only the "final common path" of the cortical arcs which carry on the complex activities in speech.

The facts set forth in the strictly psychological half of the book are taken from standard works in psychology. Some psychologists, however, would take exception to the following statements: "Speech is based upon the power to recall *speech movements* and combinations of *motor activities associated with speech*. The responses which we have *learned to make* to a given situation aid in combinations of movements leading to new adjustments, and a child's 'mental image' is a sort of 'memory picture' or mental pattern of the thing experienced in the past, and directs his adjustment towards any experience which may occur in the future." (Page 208.)

I wonder about the reliability and validity of the self-rating scale for a personality study. I doubt if they are very high, because of the general and vague nature of the majority of the traits listed. One is asked, for instance, to decide whether he is very superior, above average, average, below average, or very poor in regard to "motor skill and mechanical ingenuity", "muscle tonus and health", "general information", "hereditary factors and influences", "acquired factors", "suggestibility", and the like. The same criticisms apply to the rating scale used in the selection of students in dramatics. In addition, the many weaknesses of self-rating scales in general are very evident in these two scales. In the psychology of speech, as in the more general field of psychology proper, there is a grave need of strictly objective measures of the various capacities of the individual which are expressed in any one large function. I do not think that Stinchfield's rating scales make any contributions in this direction.

Miss Stinchfield has displayed great skill in making her references an integral part of the main body of the text. The inclusion of another's opinion or findings rarely if ever breaks the continuity of thought. Exercises and references appear at the end of the chapters. The book contains twenty-five illustrations and a fairly full index. It is well printed. I feel that on the whole it is a very worth-while work which brings to the teacher and the graduate student a wealth of valuable material for use in teaching and research.

LEE EDWARD TRAVIS.

University of Iowa.

SPEECH PATHOLOGY, WITH METHODS IN SPEECH CORRECTION. By Sara M. Stinchfield. Boston: Expression Company, 1928. 266 p.

I understand that Miss Stinchfield wants her *Psychology of Speech* to be a companion volume to her *Speech Pathology*. Her wishes should be carried out, because if one does not take into consideration at least the first 170 pages of the former work, the latter presents a serious deficiency in the solid grounding of anatomy and neurophysiology. Important as these sciences are to the proper understanding of the psychology of speech, I feel that they are absolutely indispensable to the understanding of the pathology of speech. Therefore, it seems to me that it might have been wiser to have repeated in *Speech Pathology* the first chapters of *The Psychology of Speech* or to have left them out of the latter and placed them in the former work.

I must say at the outset that I consider *The Psychology of Speech* vastly superior to *Speech Pathology*. The latter work is without question misnamed. In her preface Miss Stinchfield gives us a clue as to what the title should have been. She states; "The writer offers these exercises, not with any idea of covering the vast field of speech disorders which have already been extensively treated elsewhere—nor with any idea of furnishing a complete bibliography of the types of speech defects treated in various medical texts on the subject. She wishes rather to offer, as a result of her own experience, a few practical suggestions and exercises which may be useful to the busy teacher of speech who may be seeking special methods for a particular type of speech defect."

Part I is a discussion of reading disabilities, social maladjustments, and neurotic and subnormal children. There is, in addition, a classification of speech defects. Part II deals with speech measurements and exercises, and methods for the treatment of stuttering, lisping, nasality, cleft-palate speech, and speech of the deaf, and for training in enunciation, voice production, interpretation, and clear thinking. There is a supplement which presents speech projects for the early grades.

Miss Stinchfield does not give us a comprehensive discussion of the symptomatology, etiology, nature, or even treatment of speech disorders. Let us take stuttering as an example. Very little is said and no objective records are presented of the protean symptoms of this interesting speech defect. The symptoms, if properly studied, are of great help in showing something of the nature and severity of the neurological and psychological disturbances. And then we should know more about the causes of stuttering. Why do emotional shocks,

debilitating diseases, fatigue, interference with the native physiological lead, brain injuries, and dozens of other things produce stuttering? And aren't there different forms of stuttering for which we need diagnostic tests? And finally, on the basis of a sound diagnosis, shouldn't we undertake this or that specific type of retraining? In regard to training, Miss Stinchfield mentions "individual drill, some study of the individual, and special exercises suited to the individual needs" (page 30) and "bi-weekly half-hour conferences" and social "visits" (page 48). Also she speaks (page 52) of working out "problems of adjustment and personality development".

All of these considerations hold for any other type of speech disorder. Exactly why does a twelve-year-old boy, with good general health, good bearing, good eyesight, excellent general motor control and high intelligence, who comes from a good family, speak so indistinctly that it is practically impossible to understand him? Possibly we are not yet in a position to answer this question fully, but I feel that there is a more complete answer than one would be able to get from Miss Stinchfield's book.

It seems to me that a good textbook of speech pathology is one of the most difficult books to write to-day. For this reason I presume we should have respect for any one who has the courage to undertake the task of writing one.

LEE EDWARD TRAVIS.

University of Iowa.

MANUAL OF PSYCHIATRY. Edited by Aaron J. Rosanoff, M.D. Sixth Edition, revised, enlarged, and illustrated. New York: John Wiley and Sons, 1927. 697 p.

This edition of Rosanoff's *Manual of Psychiatry* is a serviceable book for the student, and ranges over the entire field of psychiatry, including what is rather new in textbooks of psychiatry—personality studies, applications of sociology and psychiatry, some consideration of eugenics and mental hygiene—as well as the routine and regular subjects. The material is well discussed, with plenty of reference to the literature.

As a manual, it is a successful book and fills a definite need in medical education. It is perhaps trifling to say that altogether too much room is still given to the free-association tests, arousing the suspicion that Dr. Rosanoff does not like to see a great deal of personal work sink into oblivion.

The book is well gotten up and is, on the whole, a fair statement of the status of psychiatry at the present time.

A. MYERSON.

Bloomingdale Hospital.

INSTINCTS AND EMOTIONS. SHOULD THEY BE SUPPRESSED OR HARNESSSED? By Roger W. Babson. New York: Fleming H. Revell Company, 1927. 181 p.

The title of this book seems to promise a somewhat popularized discussion of some of the many important problems involved in guiding a developing child from infantile forms of instinct gratification to healthy sublimations and at the same time avoiding an unhealthy use of repression.

What one finds, however—as might perhaps have been expected from the author of books entitled *Making Good in Business*, *New Tasks for Old Churches*, and the like—is really a series of very popular sermons upon the Ten Commandments, which, as the author appears to be somewhat surprised and quite delighted to discover, correspond with remarkable accuracy to the ten instincts which he has found “statistically” to be the “basic” ones. The book gives no evidence of even a superficial knowledge of the literature on psychological mechanisms, and although it undertakes to generalize facilely upon the most varied topics—ranging from the validity of morality as good business policy to “the battle between the bad bacteria and the good bacteria” and the philosophy of history—it contains practically nothing except the unsupported private opinions of the author. There is, of course, a good deal of common sense in the book as well as much nonsense like the following:

“The churches of each large city might combine and maintain a spiritual laboratory in the theater district of the city. . . . In this laboratory, a continuous program should be in process every day from 7 A.M. to 10 P.M. . . . This program could be worked out through experimentation to see what the demand is for, but there should be one hour for the discouraged; one hour for the bereaved; one hour for the young; one hour for the old; and one hour for the sick. The music for each of these hours should be selected with the greatest care, and the Scripture, poetry, and other material to be read should be selected by experts, after most thorough research and consideration. Careful statistics should be kept to ascertain what hour is the most popular for the different groups, and what music and material appeals most. The laboratories in different cities should exchange reports.”

THOMAS M. FRENCH.

Tufts College Medical School.

NOTES AND COMMENTS

LEGISLATIVE NOTES

FREDERICK W. BROWN

Director, Department of Information and Statistics, The National Committee for Mental Hygiene

The legislatures of nine states—Kentucky, Louisiana, Massachusetts, Mississippi, New Jersey, New York, Rhode Island, South Carolina, and Virginia—met in regular session this year. All have adjourned except Louisiana and Mississippi. Complete summaries of all bills and laws except those of a purely technical or local nature are given for Kentucky, New Jersey, and Massachusetts. Summaries for the remaining states will be completed in the October number of *MENTAL HYGIENE*.

The summaries are divided into three parts—new laws, bills that failed, and new bills. In each part they are cross-indexed by subject and listed alphabetically by states. The designations, S. and H. refer to bills presented in the Senate and House respectively. In the case of the new laws, the chapter is also given when known. In those states where certain bills are presented in both the Senate and the House, both numbers are given.

NEW LAWS

Index by Subject

Administration and Finance

Mississippi, H. 870, and S. 16; New York, H. 268, H. 702, and H. 703.

Care of Insane

Massachusetts, H. 1153.

Children

Massachusetts, H. 947; Mississippi, H. 219; New York, H. 197.

Escape

Mississippi, H. 52.

Guardianship

Kentucky, H. 417; Mississippi, H. 219.

Marriage

Mississippi, S. 20.

Miscellaneous

New York, H. 103.

New Institutions

Massachusetts, S. 454; Mississippi, H. 870 and S. 16.

Transfer

New York, H. 703.

Veterans

Mississippi, H. 219.

Kentucky

H. 417 (S. 98). Provides for the sale of real estate belonging to infants or person of unsound mind by their guardian or committee, with the approval of the judge of the circuit court of the county in which the property is located.

Massachusetts

H. 947, Chapter 2, Resolve. This bill revises and continues the special unpaid commission established for the purpose of investigating the laws relative to dependent, delinquent, and neglected children, and fixes the date of the final report at on or before December 1, 1930. (See also S. 52, under "Bills that Failed".)

H. 1153, Chapter 338. Provides that the Department of Mental Diseases, or the trustees of state hospitals, with the approval of the department, may place at board, under direction, in approved private homes, with provisions for occupational therapy, such patients under supervision as they believe will be benefited from a period of training therein.

S. 454, Chapter 403. Establishes in the city of Waltham and the towns of Belmont and Lexington the Metropolitan State Hospital for the care of the insane.

Mississippi

H. 52. Provides for the punishment by a fine of not less than \$25.00 nor more than \$500.00, or imprisonment in the county jail for not less than 30 days nor more than 90 days, or both, of any person or corporation enticing away, harboring, employing, or aiding in the escape of any inmate of a state institution for the insane, feeble-minded, incorrigible, or delinquent.

H. 219. Provides for the guardianship of incompetent veterans and of minor children of disabled or deceased veterans, and the commitment of veterans, and makes uniform the laws with reference thereto.

H. 870. Appropriates \$839,423.06 for the continuing of the work of construction and equipment of the new mental hospital at Howell. (This hospital was authorized in 1926 to replace the hospital at Jackson, but its construction has been delayed because of differences of opinion between the legislature and the governor.)

S. 16. Provides for the issuance, by the state, of bonds to the amount of \$2,500,000.00 for the erection and equipment of the state

hospital for mental disease at Howell, and for the removal of all patients together with all equipment from the present location at Jackson.

S. 20. Revises the marriage laws, providing, among other things, that in no event shall a license be issued when it appears that the applicants are, or either of them is, drunk, insane, or an imbecile.

New York

H. 103 (S. 70), Chapter 17. Incorporates the Scarsdale Foundation "to promote the moral, physical, and mental well-being and progress of the human race".

H. 197 (S. 218), Chapter 393. Amends the Children's Court Act generally.

H. 268 (S. 76), Chapter 7. Makes appropriations of \$18,803,000 for construction and improvements at the various state hospitals for mental disease.

H. 702 (S. 630), Chapter 255. Provides that state institutions under the Department of Mental Hygiene may exchange products raised on their own grounds for food products of equal value, instead of for canned products only, as at present.

H. 703 (S. 631), Chapter 215. Authorizes the commissioner of mental hygiene to transfer judicially committed inmates from one institution to another, without a court order, as formerly required.

BILLS THAT FAILED

Index by Subject

Administration and Finance

Kentucky, H. Resolution 47, H. 440, and H. 447; Massachusetts, H. 351; New York, H. 22, H. 23, H. 24, H. 25, H. 26, H. 31, H. 159, and H. 608.

Children

Massachusetts, S. 52; New York, H. 307 and H. 341.

Criminal Insane and Insanity Pleas in Criminal Cases

New York, H. 145, H. 756, and H. 960.

Marriage

Kentucky, S. 250; Massachusetts, H. 301.

Miscellaneous

New Jersey, S. 17.

New Institutions and Clinics

New York, H. 22, H. 23, H. 303, and H. 608.

Psychiatric Examinations

New York, H. 159.

Sterilization

Kentucky, H. 240; New Jersey, H. 13; New York, H. 120.

Kentucky

H. Resolution 47. Would create a joint committee from House and Senate to investigate the conditions and needs of the state reformatory and of the Eastern State Hospital.

H. 240. Would provide for the sterilization of inmates of state institutions.

H. 440 (S. 300). Would establish and maintain at each state hospital for mental disease a training school for psychiatric nursing for attendants.

H. 447 (S. 267). Would repeal Chapter 18, Laws of 1928, which established at each state hospital a training school for psychiatric nursing for attendants.¹

S. 250. Would prohibit and declare void marriage:

1. With an idiot or lunatic.
2. Between a white person and a Negro or mulatto.
3. Where there is a husband or wife living, from whom the person marrying has not been divorced.
4. When not solemnized or contracted in the presence of an authorized person or society.
5. When, at the time of marriage, either of the parties are under eighteen years of age.

Massachusetts

H. 301. Would require applicants for marriage licenses to furnish physicians' certificates of normal physical and mental health.

H. 351. Would create a Department of Public Medicine which would take over the activities of the Department of Public Health and the Department of Mental Diseases and the medical activities of the Department of Public Welfare and the Department of Industrial accidents.

S. 52. First and second preliminary reports of the special commission established for the purpose of investigating the laws relative to dependent, delinquent, and neglected children. (See also H. 947, under "New Laws".)

New Jersey

H. 13. Would provide for the sterilization of inmates of state hospitals for mental disease and institutions for feeble-minded and epileptics.

H. 17. Would change the name of the "New Jersey State Institution for Care and Training of Feeble-minded Girls and Women" to "Vineland State School".

¹ The passage of these last two bills would have brought about certain changes in the requirements for graduation from such schools.

New York

H. 22 (S. 6). Would appropriate \$50,000 for plans and specifications for a new state prison for defective delinquents.

H. 23 (S. 7). Would create a state debt and appropriate \$50,000 for a site for a new state prison for defective delinquents.

H. 24 (S. 8). Would appropriate \$9,832,000 for construction and permanent betterment and equipment of penal institutions.

H. 25 (S. 9). Would appropriate \$100,000 for the current year to improve the quality and increase the quantity and variety of food and improve clothing furnished inmates of state prisons, hospitals for criminal insane, and reformatories.

H. 26 (S. 10). Would appropriate \$60,000 for pay for 75 additional guards for state prisons, hospitals for criminal insane, and reformatories.

H. 31 (S. 40). Would provide that no person be appointed as officer, guard, or attendant of a state correctional institution unless he is a citizen, of sound mind and good moral character, nor until he has passed a physical and mental examination.

H. 120 (S. 431). Would provide for sexual sterilization of insane, idiotic, imbecile, epileptic, and feeble-minded persons, on order of a special board named by the Department of Mental Hygiene.

H. 145 (S. 100). Would amend the code of criminal procedure by doing away with the present method of examination of a dependent as to his sanity by "a commission of not more than three disinterested persons", and provide for such examination by certified psychiatrists. This bill was recommended by the Crime Commission.

H. 159 (S. 99). Would establish a board of psychiatric examiners for certification of qualified psychiatrists.

H. 303 (S. 187). Would establish a psychiatric clinic in connection with the probation department of the Court of General Sessions of New York County.

H. 307 (S. 191). Would amend the education law by providing for mental and physical examination and social investigation of every school delinquent.

H. 341 (S. 155). Would require parents of school delinquents to appear for hearing upon notification by school authorities.

H. 608 (S. 456). Would create a temporary commission to acquire a site for a new institution for mental defectives, with appropriation of \$55,000 for site and expenses.

H. 756. Would amend the code of criminal procedure when a person in confinement appears to be insane or pleads insanity, by providing for his temporary care and observation in a psychopathic ward of a general hospital or in a state hospital for mental disease.

H. 960. Would amend the code of criminal procedure when a per-

son in confinement appears to be insane or pleads insanity, by causing the judge to appoint a board of referees to conduct the examination as to his sanity, said board to consist of one attorney and two physicians.

NEW BILLS

Index by Subject

Administration and Finance

Mississippi, H. 845 and S. 110.

Children

Mississippi, H. 371.

Criminal Insane and Insanity Pleas in Criminal Cases

Mississippi, S. 146.

Divorce

Louisiana, H. 641.

Escape

Louisiana, H. 452.

New Institutions and Clinics

Mississippi, H. 371.

Sterilization

Louisiana, S. 85.

Louisiana

H. 452. Would make it an offense to induce, or attempt to induce, an inmate of any state or private institution for the insane, feeble-minded, or delinquent, to escape therefrom.

H. 641. Would make continuous insanity for a period of five years grounds for divorce.

S. 85. Would provide for the sterilization of the inmate of state and other legally recognized institutions for the insane, feebleminded, and epileptic.

Mississippi

H. 371. Would create a clinic to be known as the traveling clinic of the research department of the Ellisville State School (for the feeble-minded). Provides for the appointment of members of said clinic, and prescribes their duties in the examination of children who manifest evidences of mental retardation and maladjustment. This bill has passed the House.

H. 845. Would impose an excise tax on persons engaged in the business of selling malt syrup, such taxes to be used for the benefit of the Mississippi Colony for the Feebleminded at Ellisville.

S. 110. Would provide for a State Board of Administration of all educational, benevolent, eleemosynary, charitable, penal, corrective, or other institutions which, directly or indirectly, receive state aid. This board would consist of ten members, one of whom would be the

governor, and the other nine of whom would be business or professional men appointed by the governor on recommendation of the state Senate. The board would appoint the executive officers of all institutions, who would be directly responsible to it, and would have the power to remove these executives for cause.

S. 146. Would repeal Chapter 75, Laws of 1928, which provides that insanity shall not be a defense to indictments for murder, that proof of insanity may be offered in mitigation of the crime and for the transfer of the criminal insane to or from the state asylum in some cases.

THE FIRST INTERNATIONAL CONGRESS ON MENTAL HYGIENE

The First International Congress on Mental Hygiene was held in Washington, D. C., May 5-10, 1930, under the honorary presidency of Herbert Hoover. Characterized as "the most important milestone in mental-hygiene history", the Congress provided the first opportunity since the founding of the movement to bring together mental-hygiene workers from all parts of the world to discuss common problems, to exchange information and experience, and to lay plans for a concerted effort to advance the cause in all countries. More than 3,500 delegates and members, representing fifty-three countries and nearly every state in the Union, attended the Congress, the total enrolled membership of which was over 4,000.

A hundred national and state societies, representing every field of professional interest related to mental hygiene, participated in the Congress, the following organizations holding their annual meeting or other meetings in conjunction with the Congress: American Psychiatric Association, American Association for the Study of the Feebleminded, American Psychoanalytic Association, American Occupational Therapy Association, American Association of Psychiatric Social Workers, Executives of State Mental Hygiene Societies, Conference on Nursing and Nursing Education.

Fifty-one major and minor sessions were held, many of the meetings going on simultaneously. The program covered every phase of mental hygiene, beginning with the most obvious problems of mental disease and mental defect and running down the scale of institutional, community, educational, medical, legal, and other broad social problems, to the study and treatment of the maladjusted personality, in whatever relationship to these problems. It was, in a sense, a recapitulation of the developmental history of the mental-hygiene movement, in key with the genetic approach characteristic of present-day psychiatric thought, and with the emphasis upon the preventive aspects of the movement.

Forty-five major topics were included in the Congress program and

as many or more were listed in the programs of the kindred psychiatric and mental-hygiene organizations which met with the Congress. There were altogether between three and four hundred speakers. Communications were presented in English, French, German, Italian, Spanish, Japanese, and Russian. All the major communications were printed in English, French, and German (the official languages of the Congress) and distributed in advance of the meeting, thus making it possible for those in attendance to familiarize themselves with the topics to be discussed and to engage effectively in the discussions during the sessions. A partial list of the topics presented follows:

- a. Magnitude of the mental-hygiene problem as a health problem.
- b. Organization of community facilities for prevention, care, and treatment.
- c. Organization of the mental hospital and its rôle in community life.
- d. Psychopathic hospitals and psychopathic wards in general hospitals.
- e. Care and treatment of mental patients outside of institutions.
- f. Organization of special types of clinical service, as in courts of justice, out-patient departments of hospitals, community clinics, grade and high-school clinics, college clinics, and clinics in social-welfare agencies.
- g. Types of personnel required in mental-hygiene work (physician, psychologist, nurse, social worker, and occupational therapist).
- h. Methods of training of different types of personnel.
- i. Clinical and social research in the field of mental hygiene.
- j. Teaching of mental hygiene and psychiatry in the medical schools:
 - (1) courses for the general student; (2) courses for the student specializing.
- k. Mental hygiene in industry, personnel work, and vocational guidance.
- l. Psychiatric social work; its scope and functions.
- m. Mental-hygiene aspects of delinquency, dependency, and other types of social maladjustment.
- n. Marital relationships.
- o. Social aspects of mental deficiency.
- p. Mental hygiene and education, in grade school, high school, and college.
- q. Special problems of adolescence.
- r. Problems presented by children of special type: (1) the child with superior intelligence; (2) the neurotic child; (3) the child with sensory and motor defects.
- s. Methods and possibilities of the child-guidance clinic.
- t. Significance of parent-child and teacher-child relationships in character and personality development.
- u. Parent and teacher training.
- v. Mental hygiene of religious, ethical, and moral teaching.
- w. Problems of the pre-school period.
- x. Significance of these problems for the future of the child as individual and as citizen.
- y. Possibilities in the future of human relationships in the light of an increasing knowledge of those factors that help and hinder the emotional, physical, and intellectual development of the individual.

The Congress opened on Monday evening, May 5, with an "International Dinner", held at the Hotel Willard, and attended by 1,100 persons. The speakers were the Honorable Ray Lyman Wilbur, Secretary of the Interior of the United States, who welcomed the Congress in the name of the Government; Dr. Frankwood E. Williams, Medical Director of The (U. S.) National Committee for Mental Hygiene and Chairman of the Committee on Program of the Congress; Clifford W. Beers, Secretary General of the Congress, and the founder of the mental-hygiene movement; and Dr. William A. White, President of the Congress. In addition there were responses from six of the delegates from abroad, each speaking in behalf of one of the six continents represented at the Congress: North and South America, Europe, Asia, Africa, and Australia.

The Inaugural Session of the Congress was held at Constitution Hall on Tuesday evening, May 6, with an audience of 3,000 people, at which the delegates from the various countries were formally presented. The speakers at this meeting were Dr. William H. Welch, the dean of American medicine and Honorary President of The (U. S.) National Committee for Mental Hygiene, who presided; Dr. Anson Phelps Stokes, at whose home in New Haven, Connecticut, the first mental-hygiene society was formed; Clifford W. Beers, in whose mind the idea of such a society and the movement originated; Dr. William A. White, who delivered the presidential address; and Dr. Arthur H. Ruggles, Chairman of the Committee on Organization of the Congress, who presented the delegates.

Each day's activities were climaxed by an evening meeting, held in Constitution Hall, devoted to a Congress topic of general interest. These sessions constituted in effect a short course in mental hygiene and gave to persons living in Washington, who could not attend the daily sessions, an opportunity to become acquainted with the subject.

A feature of the Congress was the series of four afternoon meetings devoted to an exposition of mental-hygiene work in forty-eight countries by representatives of these countries. The Congress made it possible for the first time to get an actual view of the status and development of the mental-hygiene movement on a world-wide basis.

One of the chief results of the Congress was the formal founding of the International Committee for Mental Hygiene at a meeting held at the National Academy of Sciences in Washington, on the afternoon of Tuesday, May 6, twenty-two years to the day after the pioneer Connecticut Society for Mental Hygiene was organized. Thirty countries were represented at this meeting, at which Dr. William H. Welch presided, and which marked the establishment of a permanent body for the purpose of furthering the international development of mental hygiene and to stimulate and coördinate organized

mental-health work throughout the world. This body will also plan for the holding of international congresses in the future.

Government approval of the Congress found expression in two interesting events: (1) the greeting of more than 1,200 members of the Congress by President Hoover on the south lawn of the White House and the taking of a photograph of the group to serve as a souvenir of the occasion; and (2) the reception given by the Secretary of the Interior and Mrs. Wilbur at the Department of the Interior, following a showing in its auditorium of moving pictures of the National Parks and communal life among the Indian Tribes, for the especial benefit of delegates from abroad.

The (U. S.) National Committee for Mental Hygiene arranged a special pre-Congress tour for the international delegates, which included New York, Newark, New Haven, Boston, and Philadelphia. The itineraries were arranged with a view to affording the delegates an opportunity to see hospitals, clinics, and other institutions of outstanding interest in the field of mental hygiene.

The Congress closed on Saturday, May 10, with an "International Luncheon" attended by 600 delegates and members, at the Hotel Willard, at which the impressions of the week were summed up by a second group of mental-hygiene leaders, speaking again in behalf of six continents. A report was made upon the world mental-hygiene survey in progress during the past year and completed at the First International Congress, and recommendations were presented from a group of eight committees which had been at work during the week studying the survey and its findings.

MENTAL HYGIENE POETRY

FLOYD DELL

(Reprinted from the *New York World*, June 30, 1930.)

It is some weeks now since the mental hygienists of the world assembled in Washington in their first international congress. An opportunity was missed by the American press in not sending Vachel Lindsay, Carl Sandburg, and Edna St. Vincent Millay there to report it. For it needed these poets to do it justice.

They need not have sat and listened to the reports of progress in Czecho-Slovakia and Uruguay. They could just have seen and heard enough to capture the spirit of the thing; and if they didn't feel the way Keats felt when he first opened Chapman's Homer, then I don't know poets.

A poet, that is to say, if one had happened to attend a certain meeting of Boston merchants in 1775, might have seen in it the whole

American Revolution which was to set a continent free from the dynastic trammels of the past. He might even have seen such odd and interesting consequences as Ford cars and skyscrapers and bobbed-haired flappers. It is true that if he had done so he might have been reproached by those sober Boston merchants with an unseemly imaginative extravagance, more likely to do their cause harm than good.

So, too, had these American poets attended the mental-hygiene congress in Washington and written in prophetic interpretation of its historic overtones, the mental hygienists might have been embarrassed. They are sober-minded men and women doing a difficult job in a patient way. They might not thank the poets for the suggestion that they are plotting to transform the world into something incredibly new and strange.

Yet I don't know how the poets could have failed to see them as doing just that. Lindsay, I think, would (to their utter consternation) have envisaged them as a band of Rosicrucians, with something of a flavor of alchemy about their operations, transmuting the base lead of our familiar human nature into pure gold. A hooded figure would stir a crucible of dreams, and pronounce psychoanalytic incantations in which the magic words "super-ego" and "id" would be indistinctly heard, and lo! mankind's neurotic failings and weaknesses and vices, its drug-taking and booze-fighting, its prostitution and perversion, its senseless crime and its pitiful insanity, would be changed into happy work and fearless love.

Sandburg might have dwelt on the sufferings of the victims of our traditional repressions, and asked what was to be their recompense in the happier world which would only come after they were dead. Edna St. Vincent Millay might have asked if in that happier world there would be any place at all for poets, and have concluded that we must cherish our unhappiness while we may, since these precious gifts were so soon to be taken away.

I don't know at which poetic tribute the mental hygienists would have been most filled with righteous indignation. They know too well the strength of the forces against which they are struggling for them to have any fatuous illusions as to a speedy or complete transformation of the world to psychic health. They would repudiate that idea as a fantastic and foolish misunderstanding.

Yet we need not blame the poets for leaping so lightly over the next ten centuries of slow and painful effort to give us this view of the goal of mental hygiene. What is a millennium or so to a poet?

A good deal, it may be pleaded in the poets' behalf, has happened already. The reports tell of the establishment of child-guidance and

mental-guidance clinics which extend the efforts on behalf of psychic health down to day nurseries and kindergartens, up through grade schools and into colleges, into factories and stores and homes, into prisons, into courts—carrying everywhere the essentially new and dynamic maxims by which modern psychological science offers to help us live more “happy and efficient” lives. If this is only the beginning, what will a few centuries of such reconstructive effort make the world like? That is a question which the mental hygienists wisely leave the poets to ask and answer.

Over this international congress there brooded the spirit of Freud. Though not all of these thousands of psychiatrists and psychotherapists, educators and psychologists, administrators and social workers march under the Freudian banner, yet they all march in a direction traced out on the map by that master stategist. They are chary of talk about “reforming the world”. But what else can their undertaking be called? It has passed already, in its program, beyond the stage of dealing merely with individual mental ills one by one; it has begun to outline the methods of preventing these ills. And that immediately involves a reconstruction of our legal concepts and methods, our educational ideas and practices, our system of child training and our ideals of family life. Who knows what else? Ten centuries may be too short a time to carry out all the social changes implicit in the present program of the mental-hygiene movement. But a poet would have found it easy to ignore the trifling gap of time and sing how to-day in Washington: “The world’s great age begins anew, the golden years return.”

I, though not a poet, was certainly not there at the congress as a technical expert, and I availed myself of my privilege as a kind of unofficial representative of the art of letters to get impressions rather than information of the slow and patient progress being effected in Estonia and Nicaragua. Indeed, I may as well confess that these impressions which I have been trying to foist upon the imaginations of Lindsay, Sandburg, and Edna St. Vincent Millay are in part my own. Not entirely, however. Having listened to a report of progress in Switzerland and Paraguay for a minute or two, I would go out into the lobby to smoke and there converse with other stragglers. Some of these present impressions were playfully collaborated upon in the lobby by minds too scientifically austere to be held responsible for the jest of an idle moment, so let me take the blame.

But the truth is that they know what they are doing, though they speak of it only in jest. And sometimes—for mental hygienists are human, after all—their secret vision of a mentally hygienic world grows a trifle oppressive to them.

A CLUB FOR OUT-PATIENTS

About three years ago an innovation in the treatment of out-patient psychiatric patients was begun in the mental-health clinic of Mt. Sinai hospital. It consisted in the organization of a social club which is composed of patients under active treatment at the out-patient clinic. The club idea is a direct outgrowth of experiences in the out-patient occupational-therapy department of the clinic. The worker in charge of the occupational therapy, Miss Marguerite Emery, and the head psychiatric social worker at that time, Miss Julia Goldman, soon discovered that many of the patients attending the occupational-therapy class came not only for the actual work, but for the opportunity of social contact that the classroom associations offered. In certain instances the acquaintanceships among individuals advanced to friendships which were considered by those in charge of the clinic to be of advantage to the patients. Occasionally, before the inception of the club idea, patients had been sent to the theater as a therapeutic measure, either in the company of another patient or with a psychiatric social worker.

When some of the more coöperative patients were approached with the plan of forming a club, they responded enthusiastically, and a nearby settlement house, the Meinhard House, kindly agreed to permit the use of their rooms. The club meets in the evenings, and through the tact, enthusiasm, and devotion of the psychiatric social workers, it has grown from a small organization to one that often numbers forty at a single meeting. The main function of the club, from a psychiatric standpoint, is its socializing influence in offering an opportunity for contacts to diffident, shy, and asocial patients, such as mild schizophrenics and mild depressions, and for the encouragement of whatever latent talents may be found among these patients. The usual forms of entertainment—dancing, card playing, games, athletics, and the like—occupy most of the evenings. However, on occasions performances by patients with special musical, dancing, or aerobatic abilities are encouraged. On one occasion, the patients gave a play in which most of the costumes worn were made by the out-patient occupational-therapy department. In the summer, the club has participated in several very successful picnics.

While there is no intent to overvalue the effects of the social contacts in the club in their therapeutic aspects, those in charge are convinced that in many instances these contacts have been decidedly worth while. The fact that a large number of ex-patients are willing to return to mingle with those who are still under active treatment would seem to indicate a sympathetic understanding on the part of the former. In as much as attendance is not in any way

compulsory and many individuals travel for miles in order to be present, the mere continuation of the club is evidence that the patients obtain sufficient return from this form of recreation to make the trip.

**THE SMITH COLLEGE SCHOOL FOR SOCIAL WORK TO PUBLISH
A QUARTERLY**

The Smith College School for Social Work announces a quarterly publication, *The Smith College Studies in Social Work*, the first number of which will appear about October 1, 1930.

In this it is planned to publish the results of the clinical and social investigations carried on by the students in the fulfillment of the requirements for the degree. These studies will be revised by the editors, in consultation with members of the staffs of the hospitals, clinics, or social agencies from whose records the material was collected.

Professor Everett Kimball, Director of the School, and Dr. Helen Leland Witmer, Director of Research, will act as editors. The subscription price will be two dollars a year.

VOCATIONAL GUIDANCE AT COLGATE UNIVERSITY

The last semester of the school year 1929-30 saw the addition of a course in vocational guidance at Colgate University. This was added in an attempt to solve the problems that arose from the fact that one man was trying to handle vocational guidance and placement in addition to other duties. The textbooks used were *Psychiatry In Industry*, by V. V. Anderson, *Vocational Self-guidance*, by D. Fryer, and *Vocational Guidance and Character Analysis*, by H. H. Hollingworth. These were used in the order named. The major stress of the lectures in the course fell upon character analysis from the mental-hygiene point of view. Since about 70 per cent of Colgate's graduates enter industry directly, and 10 per cent more eventually find their way into some form of executive work, the great interest of the course lay in the development of that type of personality which leads to success in business and industry. The clear visualization of this conception, in so far as that is possible, and the correction of obvious character defects was probably the major end of the course.

As an aid to this self-diagnosis, the instructor did his best to point out quite frankly any shortcomings in the personalities of class members who might choose to consult him. Needless to say, such an approach requires considerable tact, and it is possibly of doubtful value. It must be regarded purely as an experiment. It is interesting

to note, however, that a considerable proportion of the class availed themselves of the opportunities for these so-called "truth sessions", appeared to harbor no resentment, and at the end of the course voted that the major stress in future years should be on just this factor of character analysis.

In addition to the three textbooks and the lectures given, the students were also held responsible for a project. They were required to choose any occupation, professional or otherwise, in which they were really interested, to collect data on this occupation, and to condense their findings into a 2,000-word essay. A definite "frame" was worked out, into which this essay should fit, giving in condensed and terse form just that information which it was felt would be most useful to the freshman class. It is hoped that a considerable amount of this material can be used in the proposed vocational-guidance attack on the freshman class this coming semester.

Perhaps the most interesting development of the school year was the decision to experiment with senior counselors. Despite the general suspicion of this approach, the college is inclined to agree with President Hopkins of Wabash University that it has not yet been given a really fair trial. Ten of next year's juniors and seniors were chosen from the fifty who took this year's course in vocational guidance. This group held two meetings before the end of the present semester. They agreed to read *An Introduction to Mental Hygiene*, by Groves and Blanchard, during the summer vacation, together with certain mimeographed material which is to be forwarded to them. The first month of the school year 1930-31 will be given to an intensive training of this group. They will meet three times a week, discuss procedure, and go into consultation with the registrar, the president, the college physician, and any other members of the faculty who it is judged can furnish them with information that will be of use in the approach to the freshmen. The latter will then be divided into ten groups of thirty each, each counselor having one of these groups. The basis for this division has not as yet been decided upon. Then, meeting once a week for the rest of the semester under the instructor in charge, they will do their best to render valuable assistance in the educational and vocational guidance of the freshman class.

It should be noted that this approach involves nothing of the Y. M. C. A. "Big Brother" idea. In so far as possible, it will be strictly practical. The interviewers will be backed by university authorities, and everything possible will be done to make the freshman realize that the purpose of the whole thing is strictly utilitarian in nature. Again, it need hardly be pointed out that this is wholly an experiment.

It is felt that a great deal of wasted time and effort can be saved if the freshman can be given a clear idea of the actual value involved in a cultural liberal-arts course, if his restlessness and fears as to his future vocational outlets can be quieted, and if by any device whatsoever, he can be shown the real personality characteristics that lead to success in later life. The great proportion of Colgate men who enter business and industry should make this difficult task a little more simple. Incidentally, the college has been assured of the coöperation of several leading personnel men in the East in regard to lectures and advice both to the vocational-guidance group and to the student body in general.

JOURNALS AGREE UPON "DEMENTIA PARALYTICA"

The editors of the *American Journal of Psychiatry*, the *Journal of Nervous and Mental Disease, Brain*, the *Journal of Neurology and Psychopathology*, the *Journal of Mental Science*, and the *Archives of Neurology and Psychiatry* have agreed to adopt the term "dementia paralytica" to designate the condition variously known as "general paralysis", "progressive general paralysis of the insane", "paresis", "paralytic dementia", and "dementia paralytica". The *Journal of the American Medical Association* and all other publications issued by the American Medical Association will also use the term. In view of this action, MENTAL HYGIENE will in future follow the same usage and requests its contributors to conform to it.

ERRATA

The following errors appeared in the article *Psycho-Analysis and Psychiatry*, by Dr. Ernest Jones, in the April number of MENTAL HYGIENE:

- Page 384, line 18. For "It is my duty", read, "It is not my duty".
- Page 392, line 3 from bottom. For "paranoic" read "paranoiae".
- Page 394, line 20. For "interpretation", read, "interpretative".

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